BP.

- 16 60M 7/84

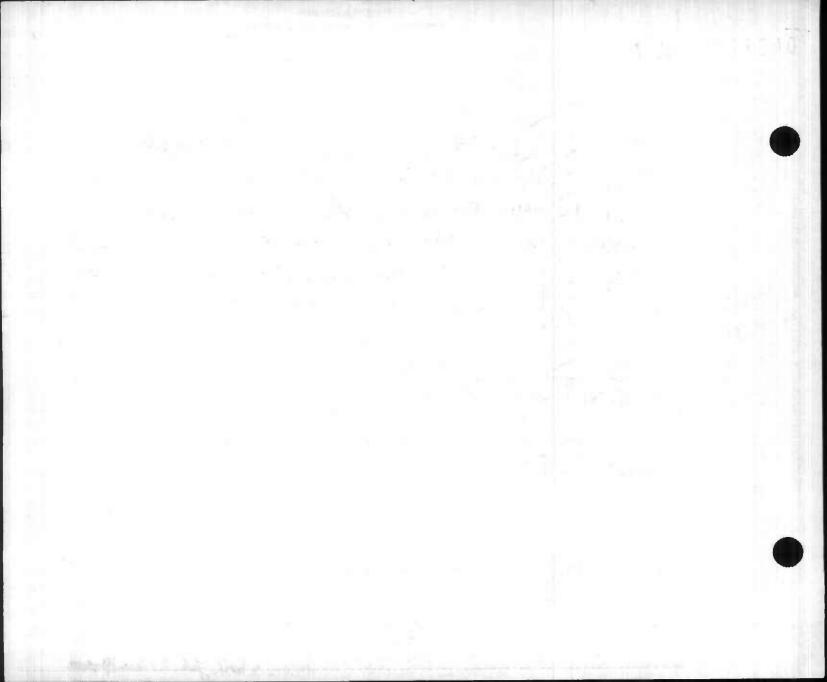
(VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbanapers. Pages 1 and 2 should be filled within 72 hours ofter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, th

STATE	OF MARYL	AND
 		A

1-	FOR STATE REGISTRAR		DEPARTN	CERTIFICA	H AND MENTAL HYG FE OF DEATH	REG. NO	0 3	U	8 5
1. DE	CEASED NAME	FIRST LUST	-MIDDLE FIRST	TASI-	MIDDLE		NONTH DAY	YEAR	2b. HOUR
TYPE	ORPRINT)	merine	Dolove	S	_		16	87	3 38 Am
3. SE	X	4. RACE	An . (	5. DATE OF BIR		& AGE (IN YEARS LAST BIRTH	HDAY) IF UN	DER I YEAR	IF UNDER 24 HRS
	FEMALE		Black	MONTH	14 1938	48	YRS.	DATS	HOURS MIN.
	RTHPLACE ISTATE OR	FOREIGN 76 CITIZEN	OF WHAT COUNTRY?	8	NEVER MARRIED	9. BALTIMORE CITY OR		DEATH	
,	W. VA.	5 10	125A	WIDOWED	DIVORCED T	Washin	us ton		MD.
10 C	ITY OR TOWN OF DEA		OF HOSPITAL, NURSIN	G HOME OR OT		120 USUAL OCCUPATIO	D/4 12		F BUSINESS OR
H	agerstou	133 / 1111 -	hington	-ounty	Hospital	COMESTIC	WORKING LIFE	HOS D	ital
13n S	AL RESIDENCE (IF NURS		UTION GIVE RESIDENCE BEFORE		INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZID CODE	10	Jage Ca
100	Pa.	Franklin			NO [		vivell	Ave	11111
14. FA	THER'S NAME	T THE STATE OF			OTHER'S MAIDEN NA	ME			
	Homie	MIDDLE	0/01/-1	50	LOUISA	MIDDLE		1 . 1/1	lie
16a_V		IN U.S. ARMED FORCE	ES? 166. SOCIAL SECU	RITY NO. 17 I	NFORMANT	ADDRES	SS .	911	70
(	YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DA	235-62-	21/21 N	DO TOUT	AMERINE S	AME A.	· ++.	12
		11.5		0011 111	C PRECE JII	MITTER THE	me //		MATE INTERVAL DNSET AND DEATH
	PART I. DE ATH W	AS CAUSED BY:	e per line for (a), (b), and	N - 1 -	TH - SEAT	ICPENICAN	ATTE	BETWEENC	INSET AND DEATH
		IMMEDIATE CAUSE	o) 7 C/10022	UZIT	11) - 20 6	TCI LAG CAR	04163		
			O, OR AS A CONSEQUE		DIC	E-003			
10.1	Conditions, if any, gave rise to imm	, which nediate	b) CORONA	RY HE	DAT DIS	5 psz			
	cause (a), statir underlying cause	ng the DUET	O, OR AS A CONSEQUE						
		- (	O HUPERT			BILL CARIDIO-UN			
Z	DIABETES	MEZLITUS			RELATED TO THE TERM	AINAL DISEASE OR COND	ITION GIVEN IN	V PART Ira	P
ATE	190 DATE OF OPERA		ONDITION FOR WHICH			20a AUTOPSY?	20b. IF YES, WE	RE FINDIN	GS USED
CERTIFICATION						YES X NO	IN CERTIFYING	CAUSES	
	21a. ACCIDENT WAS UNI		ME OF INJURY IR A.M. MONTH DA	Y YEAR 21c.	HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I	OR PART 2)	
MEDICAL	OR CONTRIBUTING	CAUSE OF DEATH	P.M.	19					
0	21d. INJURY OCCUR		ACE OF INJURY		LOCATION	CITY OR TOW	/N	COUNTY	STATE
Σ	WHILE NOT WE AT WO	3111	ME STREET, FACTORY, OFFICE, FA	NRM, ETC }	J.A.	A			J.77%
	220.1 certify that (I)	(this haspital) attend	ed the deceased from_	15	19		. 19.0	Z	that (I) (we) last
	sow the deceose		19.2	7 , and the	t in (my) (our) opinion	death occurred on the dot	te and have and		
	226. SIGNATURE	did) (did nat) view the	body after death.	DEGR	EE			22c. DATE	SIGNED
	(01	A Ven		HD)	ATTENDING /	MEDICAL STAFF	AN [	1/2	1860
	224 PHYSICIAN'S N	AME (TYPE OR PRINT)			ADDRESS	_ JAKEETOK TITTOTE		1/1/	7 04
	0710	ROZA	45	) Va	LONG MA	FADON DRIVE	B. HAUBY	28706	in PO.
23a 8	BURIAL, CREMATION,	REMOVAL 236. DAT	ΓΕ 23ε. N	AME OF CEMET	ERY OR CREMATORY	234 LOCATION			
	BURIAL	1-10	0-87 1	EBANON (	EMETER!	ChAMPIER	BURG. 7	RANKI	in th
24 FL	JNERAL DIRECTOR	0 /	152 5	nd 57.1	250. DAT	TE REC'D. BY REGISTRAR 2	SE REGISTRAR	5 SIGNATI	SHE .
1	homas L.	GEISE/	Chamber		17206	0 1000 10	E.A.	70.4	-
					JAN	O HOUR JUNE	- Allert State	-tdo-no	Acres -



						E UF MAKTLAND				
029 FEB -	i 8	STATE REGISTRAR ADA	ELLEN	DEPAR N ANTHONY		IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 7	0 3	30	8 /
		CEASED NAME FIR	151	MIODLE		AST	20 DATE OF DEATH	MONTH OAY	Y YEAR	2b HOUR
7.6	{TYP	OR PRINT)	AC	ELLEN	J F	YNOHTHE	da	agra 3	1 1000	7 20
3 /	3. SE			ACE	5. DATE (		6 AGE (IN YEARS LAST BE		UNGER I YEAR	IF UNDER 24 HRS
V		Female		White			7 89	YRS	NIHS DAYS	HOURS MIN.
1000	Fe. B	RTHPLACE (STATE OF FOREK	3N 7b C	ITIZEN OF WHAT COUNTR	V2 8	D NEVER MARRIED	9 BALTIMORE CITY		FDEATH	
25		ennsvlvania	a I	J.S.A.	WIDOWI		Washing	Inn		AAD.
67	-	TY OR TOWN OF DEATH		NAME OF HOSPITAL, NUR	SING HOME		120 USUAL OCCUPAT	ION		BUSINESS OR
10	u	lilliamsport	lu	(IF NOT IN SUCH FACILITY, GIVE STR	Nursi	na Home	Seamstre	SS	industry Iens S	tore
35	13a	STATE 13b	COUNTY	RINSTITUTION GIVERESIDENCE BEF 13c CITY OR TO 1gton Hager	NWC	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 828 Conco	rd St	reet <sup>21</sup>	740
Vine 1	14. F	THER'S NAME	MIDDI			IS MOTHER'S MAIDEN NA	MÉ MIDDLE			
21/			Edmur		1y	Nancy	Ellen	(	Smith	
100		VAS DECEASED EVER IN U			CURITY NO.	17. INFORMANT	ABDA			Street
medic	l '	(IF NO OR UNKNOWN)	YES, GIVE WAR	214-30	-1931	Paul E. An	. 1	gerst		
1		18 CAUSE OF DEATH (E)	nter anly an				7 118	ELBLI	APPROXIM.	ATE INTERVAL
1				e cause per line far (a), (b),	Te s o	- la faile			BEIMEEN ON	SEI AND DEATH
1		IMA	AEDIATE CA		1	mtory taily				
	100	Canditians, if any, wh	inh (	DUE TO, OR AS A CONSEC						
r fro		gove rise to immedia	ote		iratio	n preumoni	a.			
, cre		couse (0), stating to underlying cause lo	ast	DUE TO, OR AS A CONSEC	DUENCE OF					
orio,		PART 2 OTHER SIGNIFIC	ANTCON	OITIONS CONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERM	INIAI DISEASE OR CON	DITION CIVEN	LINI DADT 1	
d at njury	Z	TARK E OTTER OTOTAL	Arri Corri	ON TOTAL	O DEATH BOT	NOT RECAILD TO THE TERM	WAL DISEASE OR CON	DITION GIVEN	TINFARTING	
prior	CERTIFICATION	190 DATE OF OPERATION		19b. CONDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDING	
ane w	FE		1119				YES NOT	IN CERTIFYIN	NG CAUSES O	PF DEATH?
of of	1 1	21a. ACCIDENT WAS UNDERLY	NG 🗍	2 lb. TIME OF INJURY		216 HOW INJURY OCCUR		1	LORPART 21	140
ttem		OR CONTRIBUTING _ CAUSE		HOUR A.M. MONTH		1				
Wen #	MEDICAL	(IF EITHER NOTIFY MEDICALE)		P.M. 21e. PŁACE OF INJURY	19	211 LOCATION			-	
pug	A.	WHILE NOT WHILE	7	(AT HOME STREET, FACTORY, OFFIC	E, FARM, ETC )	STREET	CITY OR TO	WN	COUNTY	STATE
nork	14	AT WORK AI WORK			121	23 8/	4/5/		2.2	_
is				ottended the deceased from		nd that in my (our) opinion	, to			at (1) we last
1. of		abave, (1) we (did) (	did not) vie	w the body after death.			peath occurred on the d	ate and havr a		
Dep		22b. SIGNATURE	7/2			DEGREE	MEDICAL STA	cc	22c. DATE SI	GNED
should be deta with the State [ IMPORTANT: If		0	-110	we, MD			MEDICAL STA	IAN		
RTA		276. PHYSICIAN'S NAME				27e ADDRESS	4. 421			
# 64 /		TED E	. HO	WE		DUNEY	MARY	UAND		
, , ≤ ,	23a I	URIAL, CREMATION, REM				EMETERY OR CREMATORY	23d. LOCATION		COUNTRY	
30 (1)		Burial		2-3-87 E	roadf	ording Ceme	tery Hage	rstowi	n, Wast	1.,Md.
50M 1/B1	24 F	INERAL DIRECTOR		Насеже	stown	Md 250. DAT	E REC'D. BY REGISTRAR	25b. REGISTRA	R'S SIGNATUI	RE
5, 4)	A.	K.Coffman	Fune	ral Home,	inc.	+ LB 4	1987	, distribute		
	Section 1									

With the Martine Valle Lorder A. M. L. Marie Latter spart burner sport Married Language Late

	FOR STATE REGISTRAR			DEPARTN	ENT OF H	E OF MARYLAND EALTH AND MEN ICATE OF DEA	ITAL HYG	0	REG. NO		3	Ü	S	3
	GASED NAME	Joh		Mklin BARGER	ı	AST		Jan		1987	DAY	YE AR	26 HOU 2:3	5A M
3 SE:	X	4.	RACE		5. DATE C			6 AGE (IN YEA	RS LAST BIRT		IF UNDER	LYEAR	IF UNDER	MIN.
ma	le	w	hite		Ju	ne 200 1	896	9.0	90	YRS	MONTHS	DAYS	HOURS	MIN.
	RTHPLACE (STATE OR FO OUNTRY) Maryland	OREIGN 76	USA	WHAT COUNTRY?	8. MARRIEI WIDOWE	D X NEVER MAR	RIED C	9 BALTIMORI Wa	_	gton	OF DEA	TH		MD.
	TY OR TOWN OF DEA Hagerstown		Washin	HOSPITAL, NURSIN H FACILITY, GIVE STREET A gton Cour	nty Ho		TION	12a USUALOG (TYPE OF WORK F machine	OR MOST O	F WORKING LIF	E) INDL	JSTRY	BUSINI	
13a S	Maryland	NG HOME OR OT 136 COUNTY Wash	1	GIVE RESIDENCE BEFORE 13c. CITY OR TOWI Hagerstow	٧	-48		13e.STREET AL				ze.	21	740_
14 FA	Theopholu		DDLE	Barger		15. MOTHER'S M FIRS			MIDDLE		Harı	iso	n	
(	VAS DECEASED EVER 1 1ES, NO OR UNKNOWN) NO	(IF YES, GIVE W		214-09-6		Mr. Jo	hn E.	Bargei	ADDRE Ha		own,	Md		
	18. CAUSE OF DEATH PART I. DEATH W.		BY.	line for (o), (b), one Arterios		tic Hear	t Dis	ease					nate inter	years
	Conditions, if ony, gove rise to imm couse (0), stating underlying couse	ediote g the	(b)	R AS A CONSEQUE										
	PART 2. OTHER SIGN	IFICANT CO	NDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERM	INAL DISEASE	OR CONE	OITION GIV	EN IN P	ART 110		
O	Chron:	ic cho	lecyst:	itis, cho	lelit	hiasis,	diabe	tes mel	litu	S				
AT	190 DATE OF OPERAT	ION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORM	ED	200 AUTOP	SY?	20b. IF YES				
CERTIFICATION	Dec 27,	1986	Ch:	ronic cho	lecys	titis; c	hole-	YES [	K ON	IN CERTIF	S 🗌	AUSES (	NO [	
CER	21a. ACCIDENT WAS UND	ERLYING -	21b. TIME O	FINJURY	11401	21c. HOW INJUR	YOCCURR	ED (ENTER NATU	RE OF INJUR	Y IN ITEM 18 F	PART I OR P	ART 2)		

Dec 27,1986 71a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ( IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, ETC.)

NOT WHILE

> 21b. TIM HOUR A.M. MONTH DAY YEAR P.M

none 211 LOCATION

STAFF

CITY OR TOWN STATE none

1086 Jan 220.1 certify that (I) (this hospital) attended the deceased from sow the deceased alive on\_ and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death 22h SIGNATURE DEGREE 22c. DATE SIGNED

> MEDICAL ATTENDING M.D. PHYSICIAN X DIRECTOR PHYSICIAN

Jan 6 1987

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

22e ADDRESS

645 E. First St.

Hagerstown, Md. 21740

Francisco G. Japzon, M.D. 230. BURIAL, CREMATION, REMOVAL 23b. DATE burial

23c. NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery 23d LOCATION CITY OF TOWN

STATE Hagerstown, Wash., Md.

24 FUNERAL DIRECTOR MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740

Jan.8,1987

Aulia Dividson Raidea

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

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certificate has

FUNERAL DIRECTOR: etoined by the hospitol

should be detoched for with the State Dept of

ATTENDING PHYSICIAN: The attending physicio 0

prior

werks

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marked or

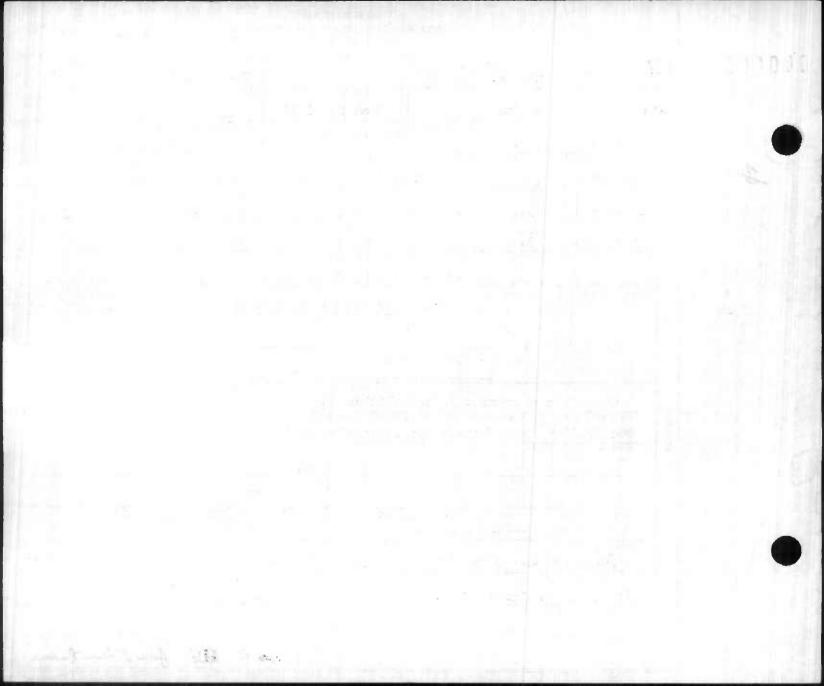
If Hem 21 is

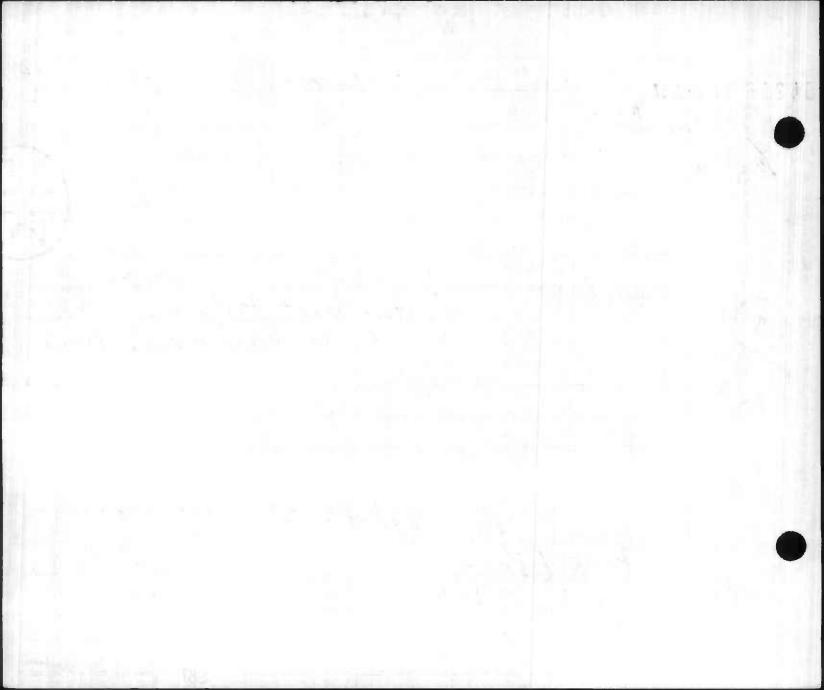
IMPORTANT.

r use as the burial-transit permit. Health and Mental Hygiene prior

MEDICAL

AT WORK





STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENT
CERTIFICATE OF DEAT

041888 JAN 2		FOR STATE REGISTRAR				MENT OF H	EALTH AND MENTA		REG. NO		0	9 0
noy be poge 3	(TYPE		cille	e (	MIDDLE	Bl	00 m			MONTH DAY	87	8 1 20 pm
tance 4 mc	3. SE	female		4. RACE whi		June		R	AGE TIN YEARS LAST BIRT	YRS		HOURS MIN.
4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Ma	RTHPLACE   STATE OR FOOD		U.S		WIDOWE			BALTIMORE CITY <u>OI</u> Wash:	rcounty of ington	DEATH	MD.
101 79		TY OR TOWN OF DEA	TH	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET Ston Coun	ADDRESS)	spital		USUAL OCCUPATION OF WORK FOR MOST OF OWNER & I	WORKING LIFE)	NDUSTRY Store	BUSINESS OR
BALTIMORE, MARYLAND 21201 cute be expected when 24 hours, placen for the property fulled in by opens. Placen med 2 hould be tile out. If the emetion occupies part lines.	13a. S	ryland	13b COU	other institution. NTY ington	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Hagersto	'N	13d. Inside city limi yes 🛣 no 🗆		STREET ADDRESS / 956 View S		21740	)
MARY.		THER'S NAME EIRST William		MIDDLE Keller	last <b>Ni</b> g		15 MOTHER'S MAIDE FIRST Sarah		WIDDLE		Mowen	
TIMORE		VAS DECEASED EVER ES, NO OR UNKNOWN] NO		RMED FORCES?	214-34-1		Mr. Irvin	к. в	ADDRE			
ST., BAL entricate a physical conpoper event, th		18 CAUSE OF DEATH PART I. DEATH W.		nly one couse per ED BY: TE CAUSE (0)	line for (a), (b), op	e M	rocardial	In	Earctio	n	-	NSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,  NG PHYSICIAN: The low requires that the death certifications by sidential physician.  Item this certificate has been signed by the attending possible burial-transit permit. Then please emprey corbons the and Asentol Hygiene prior to burial, cremanian. But the and Asentol Hygiene prior to burial, cremanian and adventible to the signed of them 18 shows any injury, or other transments.		Conditions, if ony, gove rise to imm couse (o), stating underlying couse	ediote g the	(b)	R AS A CONSEQUI							
RDS, 20 requires on signee Then pla injury, a	NO.	Λ	UTC	1 - 1	COURS CU		ACE/ Jan	4	AL DISEASE OR COND	OITION GIVEN I	N PART 110	
VITAL RECOR	CERTIFICATION	19a. DATE OF OPERAT	ION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY?  YES NO	20b. IF YES, WE IN CERTIFYING YES		
on of VIIA  HYSICIAN: T ding physici is certificate burial-transi Mental Hygi or Item 18 sh	MEDICAL CE	21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DE	ATH HOUR A.	M. MONTH D. M.	AY YEAR		CCURRED	(ENTER NATURE OF INJUR	Y IN ITEM IS PART I	OR PART 2)	
DIVISION ING PHY are this os the bu inhond milhond morked or	MED	21d. INJURY OCCURR WHILE NOT WH AT WORK AT WOR	ILE		REET FACTORY, OFFICE, F	ARM, ETC }	211 LOCATION STREET	(P)	CITY OR TOV	vn f	COUNTY	STATE
ATTEND cospital co ECTOR:	8	22a. I certify that (1) saw the decease above (1) we) (4) 22b. SIGNATURE	o ive or	ital) attended the	1/14 19	0 '	nd that in my our) or	pinion deat	th occurred on the do	te and hour and	from the c	
HOSPITAL OR AI ned by the hosp FUNERAL DIREC Juld be defached to the State Dept of		22d. PHYSICIAN'S NA	ME LIVER	Brul			ATTENDI PHYSICI 220 ADDRESS	ING ING	MEDICAL STAF	F IAN 🗌	1/1	4/87
TO HOSPITA	07- 0	Rober T	- £	1/046			1459 EMETERY OR CREMAT	Pot	omac A	x. /4	agens	town
BP	(	buria.	L	Jan. 19	9,1987 Re		ven Cemete:		23d LOCATION CITY OF TOWN Hagerstown	n, Wash	., Mai	cyland
DHMH - 16 60M 7/B4 (VRA 15, 4)		E. Wilson				aryla	nd 21740	PATERE	208 1987 AR	REGISTING	SIGNATI	RE SAME

New Terston a law a carle of

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE : >

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	U	J	1		4
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-8	-3	STATE				CERTIF	ICATE OF DEATH	B REG	. NO.	3 0	'	
		CEASED NAME	FIRST	A	A FOOI E	1	AST	20. DATE OF DEATH	HINOM H	DAY YEAR	2b. HOUR	
	,,,,,	Ph	VIII:	5 1	1. Bo	one	0	7	an. 19	, 87	6:41	PM
	3. SEX	(	1	4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS IAS		IF UNDER I YEAR	IF UNDER 24 H	-
П	F	emale		Whi	te	Jan	21 1005	91	YRS.	MONTHS DATS	HOURS M	A IP4.
1		RTHPLACE (STATE ORF	OREIGN I	b. CITIZEN OF	WHAT COUNTRY?	8		9. BALTIMORE CIT		OF DEATH		
	(	Penna.		U.S	.A.	WIDOWE	DE INCIENTAMINED	Washir	ngton Co			MD.
a	10. CI	TY OR TOWN OF DEA	TH	11. NAME OF	OSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUP	ATION		F BUSINESS	
7		Hagerstown		DOA W		n Co.	Hospital	Accounti		k Refri	gerati	on
1	13a. S	AL RESIDENCE (IF NURS	13b. COUN		13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e.STREET ADDRE	SS / ZIP CODE	4	174	0
	1	Md.	Wash	ington	Hagers	town	YES NO	LW. Lo	ong Mead	low Rd.		
رکام	14 FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LAS		
A.	3	Isaac		C.	Hoove	0	V.	Kai		Gro	ve	
		VAS DECEASED EVER		AED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	AD		gerste		
	.,	No	(IF TES, GIVE	WAR OR DATES	173-03-	-3990	John E. Boone	II 2401	Marsh		21740	
ч		18 CAUSE OF DEAT	H (Enter onl	v one cause per	line for (a), (b), one					APPROX	IMATE INTERVAL ONSET AND DEA	ATH
1	10	PART I. DEATH W	AS CAUSED	BY.	C	2 di	C 0000	1		OC WILLIAM	NIADE! WIRD DEW	
Н	-	17777	IMMEDIATI	E CAUSE (a)		Coope	0000					-
М		Candisian II	L: I	DUE TO, OI	R AS A CONSEQUE	NCE OF	: cardin	vosale	- Doise	an		
		Conditions, if any, gave rise to imm	nediate	(b)	Tigper	eon	ag agaro	000000	<b>D</b> . 0 -		-	
		cause (a), statin underlying cause		DUE TO, OI	R AS A CONSEQUE	NCE OF						
		DART 2 OTHER SICA	HEICANIT C	(c)	ONIT DIRECTION OF THE	EATH BUT	NOT RELATED TO THE TERM	INIAI DISEASE OR C	ONDITION CIV	ENLANI DADT 1.		=
	N O	PART 2 OTHER SIGN	VIFICAIVI C	ONDITIONS <u>cc</u>	DIVINIBUTING TO L	ZEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR C	DIADILION GIV	EN IN PART II		
	CERTIFICATION	19a DATE OF OPERAT	ION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		, WERE FINDIN		
7	H							YES NO	-		NO []	
	2	21a. ACCIDENT WAS UND	ERLYING	21b. TIME O			21E HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM IB P	ART I OR PART 2)		
ð		OR CONTRIBUTING		TH HOUR A.		Y YEAR						
	MEDICAL	(IF EITHER NOTIFY MEOK		21e PLACE		14	211. LOCATION					_
	ME	WHILE NO! WH	HE [	(AT HOME, STR	EET, FACTORY, OFFICE, F.	ARM ETC )	STREET	CITY C	RTOWN	COUNTY	STATE	
		220.1 certify that (I)	RK	ally assessment Alb	a described from					10	that (I) (we)	lasa.
		saw the decease	ed olive on.		19	01	nd that in (my) (aur) apinion	death accurred on th	e date and hou			
		above, (1) (we) (a 22h SIGNATURE	lid) (did nat	view the bady	after death.		DEGREE			22c DATE		
	34	110 SIGNATURE	(	1. well	2 P		ATTENDING	MEDICAL _	TAFF _	1/10	2/00	
_		22d PHYSICIAN'S NA	MAE TURE OF	,		00	PHYSICIAN L	DIRECTOR PH	SICIAN	1/1	1/0/	
		AR DULL	111				111 1	411	- Ux	4500	tour	in
		MISDAL		terD,	uns		1610 - UAK	mica	E- M	TICKS!	UNN.	W.
	23a. B	BURIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCATION CITY OR TOW	4	COUNTY	STATE	E
		Burial		1/23	/87 G1	reen l	Hill Cemetery		sboro	Frank	lin P	a.
	24 EL	UNERAL DIRECTOR	3"		ADDRESS	Pa.	17268 250. DAT	IE REC'D. BY REGISTI	AR 25b. REGIST	RAR'S SIGNAT	URE	
	6	Wed & Suc	7.6	50 S. B	road St.		nesboro	27 1007	110	P	0	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Leal Cooperation Clerk

SK mentarassalt debn 8. Morre II SLO3 Faret Wike 21 Sho

U 4 J JAN		EMIED NAME	FIRST		MIDDLE	4	AST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
9 e 3 4 e 3 e 3	living	DE PRINTS	NE	D	Anthony	. (	BOWERS	1,	11/87	3: 40 A
9.0	1 SEX	The second second		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS	IF LINDER 24 HRS
	1		1ale	whit		May	10, 1923	63 YR	es	
20	. 6	THPLACE (STATE OR F	FOREIGN		WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR COU		
1	_	ryland	-	U.S.		WIDOWE		Washingt		M
1/	700	ry or town of DEA agerstown	ATH	(IF NOT IN SUC	HOSPITAL, NURSIN THEACHITY, GIVE STREET IN Marylan	ADDRESS)	ter	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK IN  Painter		OF BUSINESS O
2/	13a. S		13b COU	R OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSIONI N	13d. INSIDE CITY LIMITS?	13 STREET ADDRESS / ZIP CO 2203 Youngsto	ODE	21740
10		ryland	Wash	nington	Hagersto	wn	YES NO 🔼		un Drive	
17	14 FA	Raleigh		MIDDLE	Bowers		IS MOTHER'S MAIDEN NA  Julia	WIDDLE	Wo1	ford
8		AS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS		
1/	( Y	yes	W.W.	• II	215-14-1	692	Mrs. Betty	Jane Bowers, Ha	gerstown	, MD.
11	3.1	18 CAUSE OF DEAT	H (Enter a	nly ane cause per	line (9 1a), (b), and	dic J	)7 1		APPROX BETWEEN	OMSET AND DEATH
1	1	PART I. DEATH W		TE CAUSE (a)	Chemi	UK	enal taile	ue	4	iars
Αĭ	2			DUE TO, O	RAS A CONSEQUE	NCE OF	0 0	Disease	0,	
122		Conditions, if any,		(b)	rua s	Tage	Kenal	nacase		pear
1	0	cause (a), statin		DUE TO, O	R AS A CONSEQUE	NCE OF			0	
	33	PART 2. OTHER SIGN	NIFICANT	CONDITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	GIVEN IN PART 1	10
Land Land	NOI	Huser	Ten	nim	all of	UA a	ittle left -	Lewi aleria		
10	ICAT	19k Ditte GE DPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		YES, WERE FINDI	
Ø	RTIF						I was a second	YES NOT	YES	NO 🗆
0	1 06	OR CONTRIBUTING		110110	M. MONTH DA	YEAR	216. HOW INJURY OCCUR	RED (ENTER NATURE OF ITEM	18 PART I OR PART 2)	
1/	DICA	116 EITHER NOTIFY MEDI		P. 21e PLACE	M. OF INTURY	19	211 LOCATION			
9	ME	WHILE NOT WE	HILE [		REET FACTORY OFFICE F	ARM, ETC }	STREET	CITY OR TOWN	COUNTY	STATE
		22a.l certify that OX		oital) attended til	e deceased from	9	1/7 10 8	5 10 1/11	10.87	that 🏋 (we) la
5		,		n /	4 4	87%	nd that in (my) (XX apinian	death accurred an the date and	have and from the	
E		22b. SIGNATURE	1 O LANDADA	ou view the body	arrer death.		DEGREE		22c. DATE	SIGNED
	1	Kne	Mai	is Ch	an 1	M. D	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	1/	11/87
4/		22d PHYSICIAN'S N	ME (TYPE	OR PRINT)			22e ADDRESS	1	. 11.	1
8/		KOSE	MAR	JE C	HAN		Western 1	Jaryland Pon	the Ha	gustew
-		URIAL, CREMATION,	REMOVAL				EMETERY OR CREMATORY	23 LOCATION CITY OR TOWN	COUNTY	STATE
		burial		Jan. 1	4,1987 Ma	nor (	Cemetery	Tilghmanton,	wash., M	aryland

24 FUNERAL DIRECTOR MINNICH FUNERAL HOME

415 East Wilson Blvd, Hagerstown, Maryland 21740

DHMH - 16 60M 7:184

(VRA 15, 4)

STATE OF MARYLAND

CERTIFICATE OF DEATH

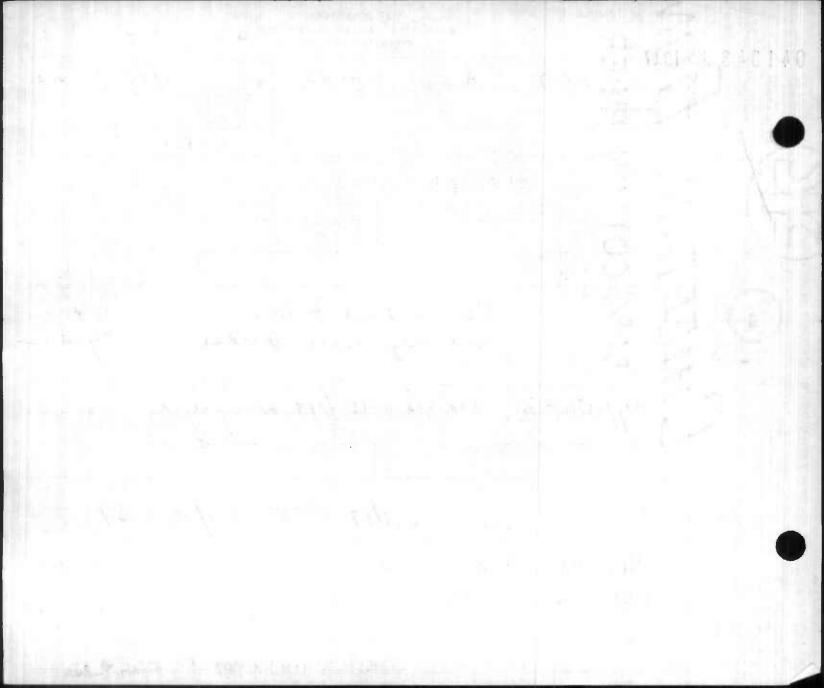
item # 3, Film G 624, 2/4/87 ra

- STATE

REGISTRAF

DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 20 DATE OF DEATH 2b HOUR COUNTY OF DEATH ngton 126 KIND OF BUSINESS OR WORKING LIFE INDUSTRY 21740 ZIP CODE stoun Drive Wolford Hagerstown, MD. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH TION GIVEN IN PART TIG 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ IN ITEM 18 PART I OR PART 2) COUNTY STATE that 1 (we) last e and have and from the causes stated 22c. DATE SIGNED

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE HI GISTRAR REG NO ASED NAME 20 DATE KNOWN TITLE OR PRINTS BRANCH OF NICOLE MICHELE DEATH MATED 4 RACE DATE OF BIRTH IF UNDER 1 YR. 6. AGE (IN YEARS IF UNDER 24 HRS DATE 16 YRS PRONOUNCED WHITE DEAD METHPLACE (FIATE OR 9. BALTIMORE CITY OR COL MARRIED NEVER MARRIED WASHINGTO MARYLAND D CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION SCHOOL SCHOOL STUDENT HAGERSTOWN WASHINGTON COUNTY BIG SPRING 13d INSIDE CITY LIMITS? RT. 1 Box WASHINGTON YES [ 15 MOTHER'S MAIDEN NAME YELLOTT EMORY BRANCH NOBLE JANE DONAVON 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO (YES, NO. OR UNKNOWN DNOAVON N. BRANCH SAME AS 13 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH #N-803 NECK IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF OVERTURNING # E-816 Conditions, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 SA AFTER DEATH, WITH THE STATE DEP 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK Inspection 270. I certify that I took charge of the remains described above, held an Autapsy ond in my opinion death resulted from Suicide Homicide Undetermined monner TITLE (SPECIFY) **ACTUAL** EXAMINER'S NAME TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236. DATE BURIAL WASHINGTON 1-20-87 SHANKTOWN CEMETERY COUNTY MD.

MARYLAND

HAGERSTOWN

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGN TURE

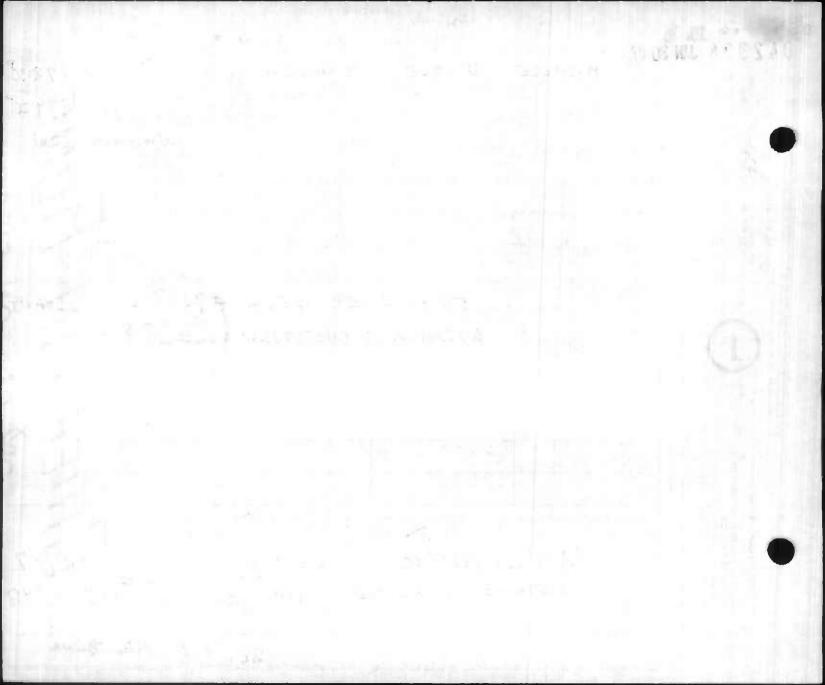
24. FUNERAL DIRECTOR

MINDICH

NAME

**DHMH - 17** 

(VR A15 ME (5))



(VRA 15, 4)

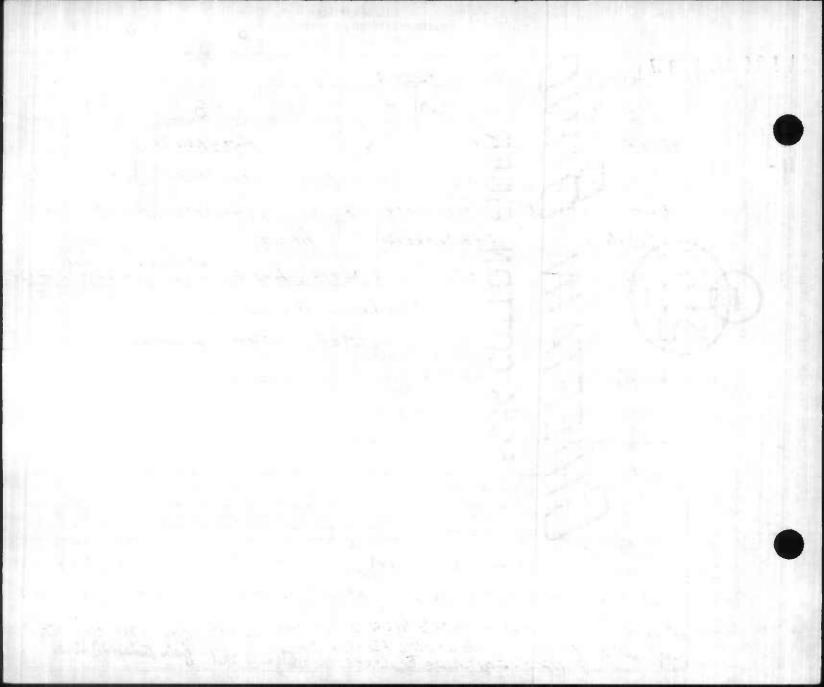
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### STATE OF MARYLAND

APPROPRIES OF SPRINGS AND MARKET AT STRAIGHT

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A TE	CMale  HARACE IN AN CONCORD IN (	CITIZEN OF WHAT COUNTRY! I MARRIED	17 98	88	
12	MA.	MARRIED	D		YRS.
S CITY	PRITOWN OF DEATH		DIVORCED D	9 BALTIMORE CITY OR CO	UNTY OF DEATH
SUAL Se ST	1082/510 D(V	NAME OF HOSPITAL, NURSING HOME O	A.V = =	12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	IKING LIFE) 126. KIND OF BUSII
- Auditor	ona. FRAN	HIM GREEKERSHE	YES NO	13. STREET ADDRESS / ZIP	/ // 0 400
	William "	DREWBAKER		MIDDLE	DATEY
			TOBERT B	PRANT MAILLE	AMEWELTAUL
T	PART I DEATH WAS CAUSED BY	000	1. 010		APPROXIMATE INT
	gave rise to immediate cause to stating the sinderfying cause tost	DUE TO, OR AS A CONSEQUENCE OF	getur H	100 - Jon	ar.
20				20a AUTOPSY?   20b	IF YES, WERE FINDINGS US CERTIFYING CAUSES OF DE
E -	L. Million and Institute Co.	THE TIME OF BUILDY	121, HOW INTERVOCCUE	YES NO	YES NO
× 1	The second secon	HOUR A.M. MONTH DAY YEAR	THE NOW INJOK! OCCOR	TED (ENTER NATURE OF INJUST IN III	EM 18 PART I ORPART 2)
MEDI		216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY
2	saw the deceased alive on.	19 an	nd that in (my) (our) apınion (	death occurred on the date an	
	24 SIGNATURE O. LO	/	ATTENDING PHYSICIANT	MEDICAL STAFF DIRECTOR PHYSICIAN [	22c. DATE SIGNED
1	HBOUL LIV	ATTERN UND	1610- OMK	HILL NE.	HAGERS TOWN
Jn. 80	RIAL, CREMATION, REMOVAL 2	136 DATE 235 NAME OF CI	EMETERY OR CREMATORY	73d LOCATION	
The state of the s	MEDICAL CETTIFICATION	Conditions, if any, which gave rise to anneadiate course of teath was caused by the industrial of the anneadiate course of stating the anneadiate course soft.  The DATE OF OPERATION  The ACCEDENT was increased.  The NUMBER NOTE MEDIC ALL CAMPBER THE DATE OF CURRED and STATING THE CONTROL OF THE STATING THE STATING THE STATING THE ARROWS THE STATING THE ARROWS T	WAS DECEASED EVER IN LIS. ARMED FORCES  IN SOCIAL SECURITY NO.  183-05-737  IL CAUSE OF DEATH Enter only one cause per line for its 16 and 1c.  PART DEATH WAS CAUSED BY  INMEDIATE CAUSE BY  INDUSTRICATION  IP DUE TO, OR AS A CONSEQUENCE OF Cause of the interprint of the i	THE CAUSE OF DEATH Emer and got was deaded in the social security no. 17 INEQRIMANT 183-05-7336 TOBERT B  II CAUSE OF DEATH Emer and got was deaded in the social security in the security in the social security in the social security in the	WAS DECEASED FUER IN LIST ARMED FORCES IN SOCIAL SECURITY NO. 17 INFORMANT SADDRESS HAS DECEASED FUER IN LIST ARMED FORCES IN SOCIAL SECURITY NO. 17 INFORMANT SADDRESS HAS DECEASED BY A SADDRESS HAS CONSEQUENCE OF CONDITION OF AS A CONSEQUENCE OF CONDITION OF A CONDITION O



### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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041034 JAI	1/2	FOR STATE REGISTRAR		DEPART	MENT OF H	EALTH AND MENTAL HYG	REG. NO.	3093
m c		CEASED NAME FIRST	MIC	DDIE	L	ST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
d of b		Pau1		J. B	RAUNG		Jan 1, 1987	4:10A M
	3 SE	X	4. RACE		5. DATE C	F BIRTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
8 95	4	male	white			y 25 1898	88 YR	
1 12 26		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF W	HAT COUNTRY?	MARRIEI	NEVER MARRIED	9 BALTIMORE CITY OR COU	
115		Maryland	U.S.A.		WIDOWE		Washington	
111179	10. C	ITY OR TOWN OF DEATH	(IF NOT IN SUCH F	ACILITY, GIVE STREET	ADDRESS)	ROTHER INSTITUTION	12a USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKIN	
1 20 / 10 /		Hagerstown AL RESIDENCE (IF NURSING HOME OF				Hospital	Engineer .	Aircraft
0 20		STATE 136 COU		RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP C	
0 1 E 0 0		Maryland Wash	ington	Hagers	town	YES NO		otomac Street
1 150//	14 17	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	MIDDLE	Gsell
1 1509/		James  VAS DECEASED EVER IN U.S. AF	E.	Braung		Mary	C.	
be erect				14-09-			A. Long Hage	Linganore Avenu
tr. th		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per lu	ne for (o), (b), on	d (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1 3		IMMEDIA	TE CAUSE (0) Ca	ardiac a	rrest			minutes
that the day the day of cleaning or other transfer		Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost.		AS A CONSEQUI		ic heart dise	ase	years
uire en p	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CON	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 110
ow requ	CERTIFICATION	190 DATE OF OPERATION	196 CONDITI	ON FOR WHICH	OPERATIO	WAS PERFORMED	III INICE	nolecystitis. YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
in: The long strong to the long to the lon	FE	Dec. 29, 1986			undic	Choledochol	ithiesis OX	YES NO
drysician: The dring physicians is certificate burial-transit Mental Hygie or them 18 she		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M.	. MONTH D.	AY YEAR	none	RED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART ?)
DING PHYS or ottendin After this c e as the bur olth and Me	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AL WORK	21e PLACE OF	F INJURY T. FACTORY, OFFICE F	ARM, ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
Z P P P P P P P P P P P P P P P P P P P		220.1 certify that (1) (this hasp sow the deceased alive or above, (1) (we) (did) (did no	Dec 31	deceosed from_	Dec 2 86	d that in (my) (our) apinion	, to	11, 19.86, that (I) (we) lost hour and from the couses stated
At OR AT the hosp of DIRECT etoched for the Dept. or		226 SIGNATURE Francisco			iD.	DEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	Jan 1.1987
Sto Sto		22d. PHYSICIAN'S NAME (TYPE		-		AN ADDRESS	. First St.	Lian 1,198/
TO HOSPITAL ( retained by the TO FUNERAL E should be detoo with the State E		Francisco				Hager	stown, Md. 2174	0
BP		BURIAL, CREMATION, REMOVAL  SPECIFY  Burial				ill Cemeter	23d LOCATION CITY OR TOWN	Washington, Mo
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	Burial UNERAL DIRECTOR  K. Coffman	Funeral	Home,	agers Inc	town, Md <sup>250, DAT</sup>	N 1 4 1987	STRU SSIGNAURE

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Exclusion | 1-5-40 | Loans Hills Coletary Hagers and

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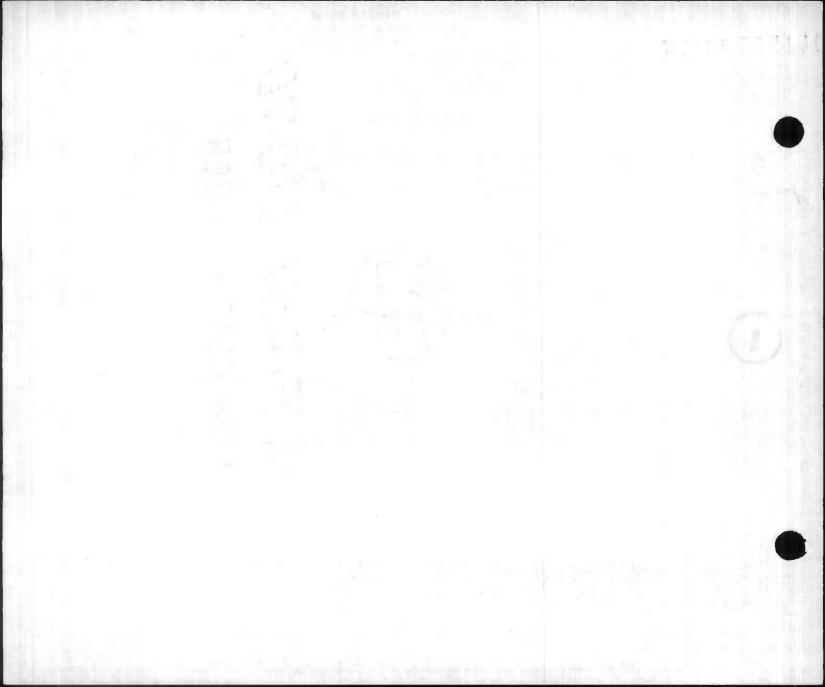
Jurial Jan. 11,1949 Smithstary Jenetery Saftheture, Sar., pd.

avid starral mone, mitendura, Ed., 21783

# DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21:201

STATE OF MARYLAND

041575 JAN 2	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 7 0	304/
1 75	1. DECEASED NAME FIRS		BROWN	January 15, 198	37 YEAR 26 HOUR
ge 4 moy selfor pag n other de	1 SEX female	4 RACE white	S. DATE OF BIRTH November 7, 1907	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
0 23	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	76 CITIZEN OF WHAT COUNTRY  USA	/? 8 MARRIED X NEVER MARRIED  WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY Washington	
200	Hagerstown Hagerstown	121 Calvert T	errace	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFT  housewife	126 KIND OF BUSINESS OR INDUSTRY
35	Maryland Wa	me or other institution give residence before to the state of the stat	town YES X NO	13e STREET ADDRESS / ZIP CODE 121 Calvert To	
C. MARYL	Harry	MIDDLE LAST Conrad		AME MIDDLE ADDRESS	Smith
Do and on and or Pages	160 WAS DECEASED EVER IN U.  (YES NO OR UNKNOWN) (IF YI	s. ARMED FORCES? 166 SOCIAL SEC 214 46		wn, Hagerstown, Mo	
15, 201 W. PRESTON ST., BA unen mat en death certificati gned by the intending physic employation of carbonapp based, createfully of carbonal ory, occubility transposition entrity	Conditions, if ony, whice gove rise to immediate couse to stating the underlying cause los	DUE TO, OR AS A CONSEQ  (b)  DUE TO, OR AS A CONSEQ  (c)	La cumo of	MINAL DISEASE OR CONDITION GIVE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  WWW.T.
M. RECORD	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
DIVISION OF VITA WE PHYSICIAN T when the sentilicole on the bench from the ond Membal Hyg behavior of the party of the period throma	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE ( {    FEITHER NOTIFY MEDICAL EXA 21d NJURY OCCURRED	DE DEATH HOUR A.M. MONTH	DAY YEAR 19 21f LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM 18 PA	
DIVISION TENDING PROPERTY OR After the revise on the revise on the off	sow the deceased alu	hospital) attended the deceased from	11/29 1866	city or TOWN	state  7 . that (1) (we) lost and from the couses stated
OSPITAL OR AT BY the hinsp UNERAL DIREC Id for detached I the Stote Dept. I SETAMI, if hem.	DIE PRISKIANS NAME	id not view the body after death.	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	1116 B
TO HOS INCIDENTAL MACOUNT SANCHER MACOUNT SANC	230. BURIAL, CREMATION, REMO	VAL 236 DATE 236	NAME OF CEMETERY OR CREMATORY	towell fel the	Hersland ho
BP	burial		Ilmwood Cemetery	Shepherdstown	
DHMH - 16 60M 7/B4 (VRA 15, 4)	NAME	VICH FUNERAL HOME Blvd., Hagerstow		TE REC'D. BY REGISTRAR 256, REGISTI	RAR'S SIGNATURE

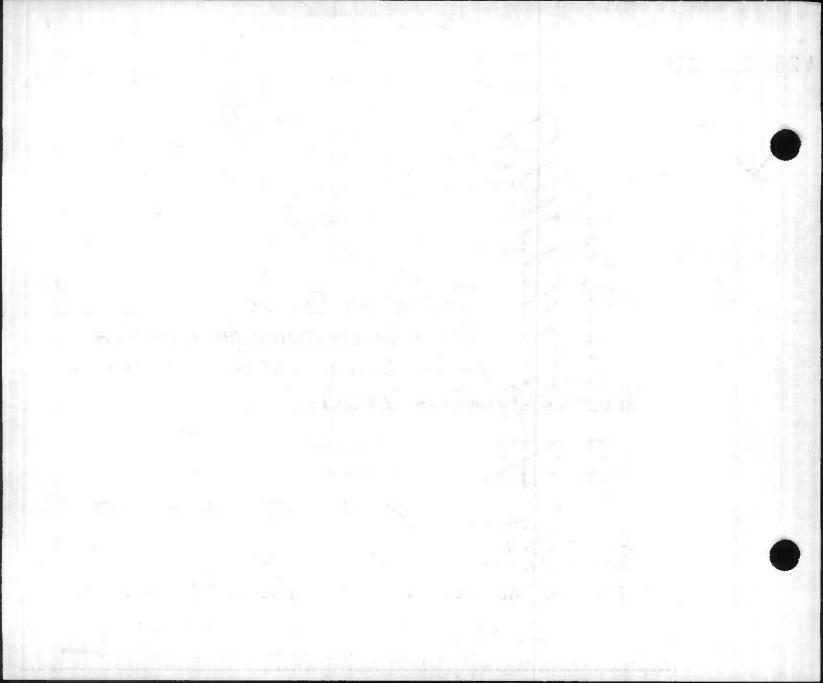


STATE OF MAR	YLAND
DEPARTMENT OF HEALTH AN	D MENTAL HYGI

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1	FOR STATE REGISTRAR			EALTH AND MENTAL HYO	GIENES / REG. NO.	3 0 9 0
ħ		FIRST	MIDDLE	AST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
ľ	(TYPE OR PRINT)	1	) R.	20. 110	1	26-87 6:51P W
ŀ	1 SEX	nia L	Is. DATE O	rown	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
1	Female	Whit	te Month		77 YRS	MONTHS DATS HOURS MIN,
J	BIRTHPLACE (STATE OR FOR	FIGN 76 CITIZEN OF	WHAT COUNTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	Y OF DEATH
J	W. Virginia	05	WIDOWE	, ,	Washington	Co. MD
1	Hagerstown		HOSPITAL, NURSING HOME C		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LII  SCHOOL teacher	12b. KIND OF BUSINESS OR
V	Maryland V			134 INSIDE CITY LIMITS? YES NO X		21740
×	14 FATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN NA	MIDDLE	LAST
A	Roy		Woltz	Mahal		Stone
Ħ	160 WAS DECEASED EVER IN		166 SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
1	1YES, NO OR UNKNOWN)  NO	IF YES, GIVE WAR OR DATES)	282-30-3203	Howard A. B	rown, Hagerstown	
1		MEDIATE CAUSE (a)	RACONSEQUENCEDE	ny FAICU	A	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART 2 OTHER SIGNIE	diate the DUE TO, OI lost (c) ICANT CONDITIONS CC	RAS A CONSEQUENCE OF LEFT LU  DINTRIBUTING TO DEATH BUT  MONGAT LA		BSTRUCT TO SF G	Brunciti
1	190 DATE OF OPERATIO		TION FOR WHICH OPERATIO	N WAS PERFORMED	IN CERTII	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \( \text{NO} \)
1	OR CONTRIBUTING CALL	SE OF DEATH HOUR A.	M. MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18.1	PART 1 OR PART 2)
1	(IF EITHER NOTIFY MEDICAL  21d INJURY OCCURRED  WHILE NOT WORK AT WORK	21e PLACE		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ı	22a.1 certify that (1) (the saw, the deceased	nis haspital) attended of	(9 19 8 / or	nd that in (my) (aur) apinian	death accurred on the date and have	19 d, that (I) (we) last ur and from the causes stated
	22d. PHYS CIAN'S NAM	Metino	1 11	DEGREE  ATTENDING PHYSICIAN 1  122. ADDRESS	MEDICAL STAFF DIRECTOR   PHYSICIAN	1/27/87
1	STEPHEN	E. WET	entry and	1825 Ha		GENSTOWN
	23a. BURIAL, CREMATION, RE. (SPECIFY)			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
	burial	Jan.28	3,1987 Rose Hi			ash., Maryland
1	24 FUNERAL DIRECTORMIN	NICH FUNERA	AL HOME	5 B PA	TE REC'D. BY REGISTRAR 256. REGIS	
			erstown, Md. 2	1740	1981 Julia Davi	dara- kindulika

DHMH - 16 60M 7/84 (VRA 15, 4)



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1-	FOR STATE REGISTRAR		DEPARTA		ICATE OF DEATH	REG. NO.	3 0	
		FIRST	MIDOLE		AST .	20. DATE OF DEATH MONTH	DAY YEAR	2b HOUR
(TYPE	FOR PRINT)	nn H	enry	BRUN	NFR	January 17,	1987	Mark to
3. SE		4 RACE	CIII y	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HR
-	male	white		MONTH		88 v	MONTHS DATS	HOURS MIN
T BI	IRTHPLACE (STATE OR FOR		F WHAT COUNTRY?	8		9 BALTIMORE CITY OR COU		
	COUNTRY)				D NEVER MARRIED	_		
	laryland	U.S.		WIDOWE	DR OTHER INSTITUTION	Washington		OF BUSINESS C
		(IF NOT IN S	SUCH FACILITY, GIVE STREET	ADDRESS)	, one of the original of the o	(TYPE OF WORK FOR MOST OF WORKI	NG LIFE) INDUSTRY	
	gerstown		uilford Av			cabinet maker	rurni	Lture C
30 9	STATE 13	Washington	13c. CITY OR TOW	N	13d INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e STREET ADDRESS / ZIP C 424 Guilford		740
14. FA	ATHER'S NAME William	MIDDLE J.	Brunner		15. MOTHER'S MAIDEN NA. Emma	WE	Wilso	st On
	WAS DECEASED EVER IN		16h SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRESS		
	NO	IF YES, GIVE WAR OR OATES)	214-09-6	5991	Mrs. June El	izabeth Green,	Hagersto	own, MD
CERTIFICATION	Conditions, if any, we gave rise to immedicate (a), stoting underlying couse  PART 2 OTHER SIGNIF	diate the DUE TO, Icast. (c)	OR AS A CONSEQUE	DEATH BUT			GIVEN IN PART 1	NGS USED
E						YES NO	YES 🗌	NO 🗌
	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAU	SE OF DEATH HOUR	OF INJURY A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEA	A 18 PART I ORPART 2)	
MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	TAT HOME	E OF INJURY STREET, FACTORY, OFFICE F	ARM ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	220.1 certify that (1) (the saw the dedeased	1 ////	19_	,	, 19 nd that in (my) (aur) apinion DEGREE	, tadeath occurred on the date and		that (I) (we) causes stated
	100	way	, ,		ATTENDING PHYSICIAN 4	MEDICAL STAFF	1 +3	19 /
	124 PHYSIOPES TO	2000	113Ahd		13 PORESS JULI	NO OUNTER,	orgone)	M.
	BURIAL, CREMATION, RE (SPECIFY) burial	Jan.	20,1987 Rd	se Hi	EMETERY OR CREMATORY	Hagerstown, W		
	UNERAL DIRECTOR		UNERAL HON			E REC'D. BY REGISTRAR 25b. RE	GISTRAR'S SIGNAT	TURE
41	5 E. Wilson	Blvd., Hag	erstown, Ma	arylar	nd 21740	N 0 7 4007 1	. ~ .	5

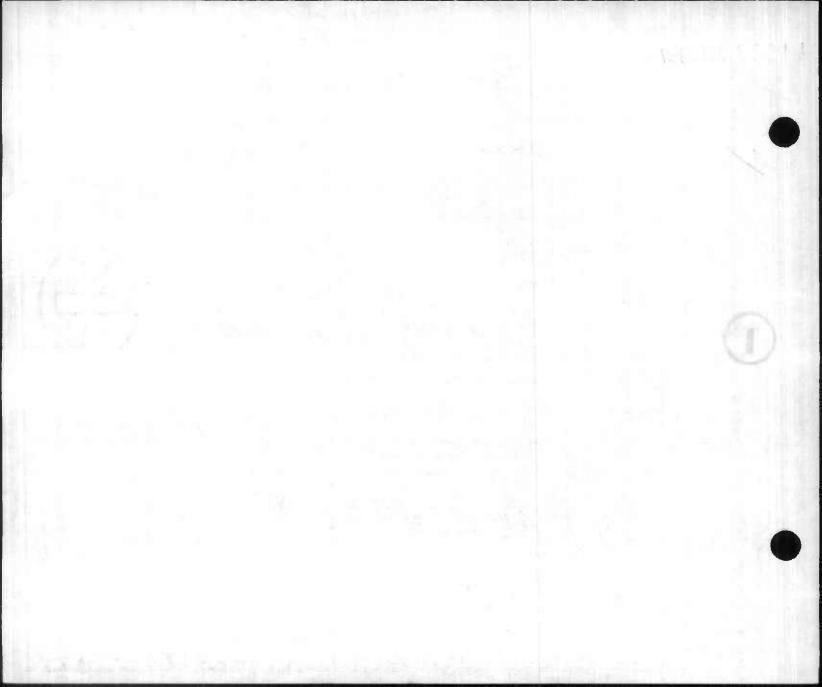
DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed by the shauld be detached for use as the burial-transit permit. Then please with the State Dept of Heolth and Mental Hygiene prior to burial, citi

ATTENDING PHYSICIAN: The low

etained by the hospital or

BP.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		0	3	1	U
000	NO				

	1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG	IENE REG. NO.	3 1	UU
		CEASED NAME FIR	ST A	AIDDLE	1	AST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
	Starre		vis t	eremiah /	Bru	an Tr.	January 21,19	87	12:30 R
	3. SE		4. RACE		S. DATE C	P. 1	6 AGE (IN YEARS LAST BIRTHDAY)	WONTHS DATE	1F UNDER 24 HRS
		male	whi	te	Febru	uary 14,1911	75 YRS.	CONTHS DATS	HOURS MIN.
2		IRTHPLACE (STATE OR FOREIC	Th. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH	
j	Pe	ennsylvania	U.S.	Α.	WIDOWE		Washington		MD
9	ľ	ngerstown	(IF NOT IN SUC	OSPITAL, NURSING HEACHTY, GIVE STREET A COUNT	DDRESS)	or other institution spital	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE  assembler		F BUSINESS OR
100	13a. S			13c. CITY OR TOWN	1	13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS / ZIP CODE   7 McKeldin Drive	2171	
V	14. FA	ATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	WE	241	,
P.		Lewis	J.	Bryan		Ellen	Amanda	Reynol	lds
		VAS DECEASED EVER IN U	.S. ARMED FORCES?	166 SOCIAL SECUR	RITY NO.	17. INFORMANT	ADDRESS		
			rmy	220-10-3	686	Mr. Donald I	. Bryan, Sr. Boo	nsboro	, MD.
	z	Conditions, if ony, whi gove rise to immedic couse (o), stoting t underlying couse lo	ch (b).  the DUE TO, OR  (c)	AS A CONSEQUE R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	EN IN PART 110	
08/	CERTIFICATION	19a DATE OF OPERATION	19b. CONDI	TION FOR WHICH (	OPERATIO	N WAS PERFORMED	IN CERTIF	, WERE FINDIN YING CAUSES S	
7		210. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICALEX	OF DEATH HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18 P.	ART I OR PART 2)	
,	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	RM, ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		22a.1 certify that (1) (this saw the deceased of		19	, 01	nd that in (my) (our) apinion o	, to, deoth occurred on the dote and hour		that (1) (we) lost couses stated
		17h SIGNATURE	al a	MIN		DEGREE ATTENDING PHYSICIAN	AMEDICAL STAFF DIRECTOR   PHYSICIAN	22c. DATE :	SIGNED 2-87
		224 PHYSICIAN'S NAME	Comment of		Q.	22e ADDRESS			
	23a B	BURIAL, CREMATION, REM	OVAL 23b. DATE			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE

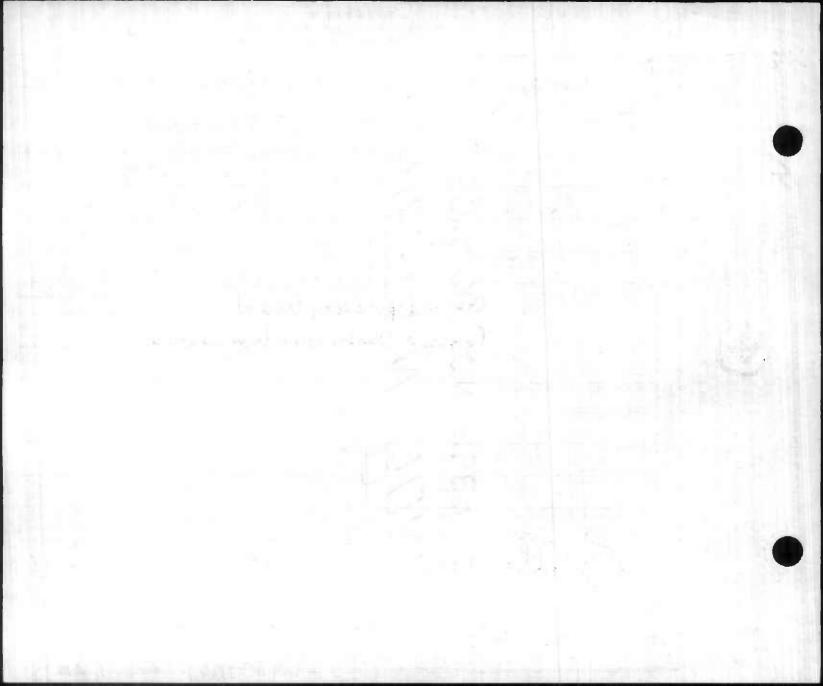
DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If Item 21

Jan. 24, 1987 | Rest Haven Cemetery | Hagerstown, Wash., Maryland | MINNICH FUNERAL HOME | 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE burial 24 FUNERAL DIRECTOR

415 East Wilson Blvd., Hagerstown, Maryland 217



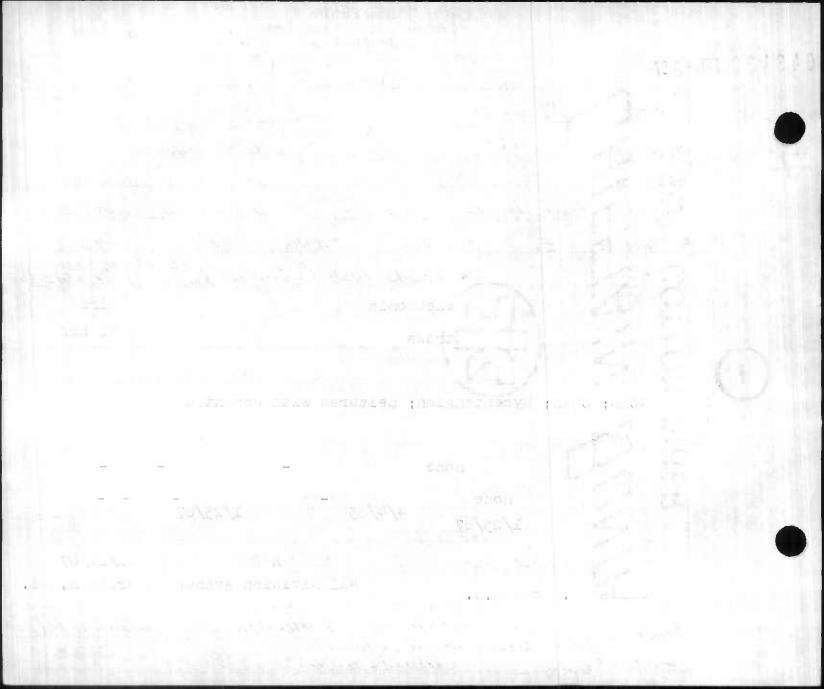
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DHMH - 16 60M 7/84 (VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



may be

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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0	3	8	7	6.00

State .	FOR STATE REGISTRAR				CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	0 3	UK
	CEASED NAME	FIRST		WIDDLE		AST	20 DATE OF DEATH MO	ONTH DAY YEA	R 26 HOUR
	Jac	cob	Ra	ılph	BUF	KETT	January 13,		2:10p
3 SE		4.1	RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHD		EAR IF UNDER 24 HR
	Male		White		Nov	. 12, 1909	77	YRS	
(	RTHPLACE (STATE OR COUNTRY)			WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED DIVORCED	Washingtor		-1 
Á	TY OR TOWN OF DEA Hagerstown		(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET ern Maryl	ADDRESS)	enter institution	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Laborer	ORKING LIFE INDUST	ID OF BUSINESS OF FRY Chard
13a. S	AL RESIDENCE IH NURS	136 COUNTY Wash		GIVE RESIDENCE BEFORE  13c. CITY OR TOW  Smiths by		13d INSIDE CITY LIMITS?	W. Water St	IP CODE	21783
	THER'S NAME FIRST George	MIDI	DLE	Burkett		15. MOTHER'S MAIDEN NAME FIRST Alice	WIDDLE		opple
	VAS DECEASED EVER VES NO OR UNKNOWN)	(IF YES, GIVE W.		220-30-9		John I. Burl	ADDRESS Kett, Smithsl		21783
3	18 CAUSE OF DEAT	H (Enter only o	ine cause per	line far (a), (b), and	d (c)				PROXIMATE INTERVAL
	underlying couse	mediate ng the last.	DUE TO, O	r as a conseque		riosciciocic	Heart Disease	e Ma.	ny years
CATION	underlying cause	ng the second last.  NIFICANT COM  Chro	NDITIONS CO	ontributing to D	DEATH BUT	NOT RELATED TO THE TERM  n hemodialysi  N WAS PERFORMED	INAL DISEASE OR CONDIT  S treatment    200 AUTOPSY?   12	ION GIVEN IN PAR	T I I a
MIFICATION	underlying couse	ng the second last.  NIFICANT COM  Chro	NDITIONS CO	ontributing to D	DEATH BUT	NOT RELATED TO THE TERM  n hemodialysi	INAL DISEASE OR CONDIT  S treatment    200 AUTOPSY?   12	ION GIVEN IN PAR	T I I a
CAL CERTIFICATION	underlying couse	NIFICANT CON  Chro  TION  DERLYING   CAUSE OF DEATH	NDITIONS CO Onic Re 196 COND	ONTRIBUTING TO DE PARA FAIL ITION FOR WHICH DE INJURY M. MONTH DA	DEATH BUT  URE O  OPERATIO	NOT RELATED TO THE TERM  n hemodialysi	INAL DISEASE OR CONDIT  S treatment  200 AUTOPSY?  YES NOT	ION GIVEN IN PAR  Ob. IF YES, WERE FIN  N CERTIFYING CAU  YES	T Tio  NDINGS USED SES OF DEATH? NO
MEDICAL CERTIFICATION	PART 2 OTHER SIG	TION  DERLYING CAUSE OF DEATH (CAL EXAMINER)  RED	NDITIONS CO DNIC RE 196 COND 216 TIME O HOUR A. P.	ONTRIBUTING TO DE CONTRIBUTING TO DE CONTRIBUTING TO DE CONTRIBUTION FOR WHICH DE CONTRIBUTION	DEATH BUT UPE O OPERATIO AY YEAR 19	NOT RELATED TO THE TERM  n hemodialysi  N WAS PERFORMED	INAL DISEASE OR CONDIT  S treatment  200 AUTOPSY?  YES NOT	OD GIVEN IN PAR OD IF YES, WERE FIN N CERTIFYING CAU YES	T Tio  NDINGS USED SES OF DEATH? NO   71
	UNDERLYING COUSE  PART 2 OTHER SIGN  19a DATE OF OPERA  21a, ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTHY MEDI 21d INJURY OCCUR WHILE NOTHY ALWOOR ALWO 22a I certify that SX sow the deceos above, (I) (NOT) 22b. SIGNATURE	DERLYING CAUSE OF DEATH CALEXAMINER) RED (Ithis hospital) ed alive an additional value and ad	DDITIONS CO DDITIONS CO DDITIONS CO DDITIONS CO DDITIONS CO DDITIONS CO 196 COND. 216 PLACE (AT HOME STE (AT	ONTRIBUTING TO DE PARA FAIL ITION FOR WHICH DAME MONTH DAME MAN MAN OF INJURY REEL FACTORY, OFFICE F	DEATH BUT  UTE O  OPERATIO  AY YEAR  19  ARM ETC)  JULY  87  . of	NOT RELATED TO THE TERM  n hemodialysi  N WAS PERFORMED  216 HOW INJURY OCCURE  216 LOCATION STREET  9 19 86  nd that in (my) XX) opinion of the performance of the p	INAL DISEASE OR CONDITS  S Treatment  200 AUTOPSY?  YES NOTED  CITY OR TOWN  TO January  death accurred on the date  MEDICAL STAFF  DIRECTOR PHYSICIAL	OD GIVEN IN PAR  OD IF YES, WERE FIN  N CERTIFYING CAU  YES   NITEM 18 PART I OR PART  COUNTY  And hour and fram  122c D	T Tio  NDINGS USED ISES OF DEATH? NO   21  STATE
	UNDERLYING COUSE  PART 2 OTHER SIGN  19a DATE OF OPERA  21a. ACCIDENT WAS UN OR CONTRIBUTING (FEITHER NOTHY MED)  21d INJURY OCCUR WHILE NOTW AT WORL ALWO  22a I certify that S Sow the deceos above. (I) (1)  22b. SIGN ATURE	DERLYING CAUSE OF DEATH CALEXAMINER) RED (Ithis hospital) ed alive an additional value and ad	PLACE STEW THE BODY	DNTRIBUTING TOE  enal Fail  ITION FOR WHICH  DE INJURY M. MONTH DA M.  OF INJURY REEL FACTORY, OFFICE F  de deceased from y 13 19 after death.	DEATH BUT  UTE O  OPERATIO  AY YEAR  19  ARM ETC)  JULY  87  . of	NOT RELATED TO THE TERM  n hemodialysi  N WAS PERFORMED  216 HOW INJURY OCCURE  216 LOCATION STREET  9 19 86  nd that in (my) XX) opinion of the performance of the p	THE DISEASE OR CONDITES  Treatment  100 AUTOPSY?  YES NOTED  CITY OR TOWN  CITY OR TOWN  TO January  death accurred on the date  MEDICAL STAFF  DIRECTOR PHYSICIA  EYN MARYLAND	OD. IF YES, WERE FIN N CERTIFYING CAU YES OCCUPITY NITEM 18 PART LOR PART COUNTY and hour ond from 22c D	NDINGS USED ISES OF DEATH? NO   That   that   the causes stated  ATE SIGNED

DHMH - 16 60M 7/84 (VRA 15, 4)

Davis Funeral Home, Smithsburg, Md., 21783

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injury, or other traumotic event,

# CTATE OF MARYIAND

STATE OF MAKTLAND	
DEPARTMENT OF HEALTH AND MENTAL H	YGIENE
CERTIFICATE OF DEATH	O

			REG. NO.	
1. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDIE	17 L. #	The Date of Beatti	DAY YEAR 26 HOUR
Hulia	Elizabeth	Darried		IF UNDER LYEAR IF UNDER 24 HRS
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS EAST BIRTHDAY)	MONTHS DAYS HOURS MIN
Female	White	Feb. 25, 1928	58 YRS	
To. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
Frederick Co., I		WIDOWED DIVORCED		MD.
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		12a. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OR ENDUSTRY
Boonsboro	Rfd. 4 Box 1	14	(TYPE OF WORK FOR MOST OF WORKING HE Advertising	Newspaper
13a STATE 13b CO	or other institution, give residence before unity and lac. CITY or tow shington Boonsbo	N 13d. INSIDE CITY LIMITS	? 13. STREET ADDRESS / ZIP CODE	21713
14 FATHER'S NAME FIRST MILO	Theodore Dusin	ng 15 MOTHER'S MAIDEN	MIDDLE	Schröyer
16a WAS DECEASED EVER IN U.S. A (XES, NO OR UNKNOWN) (1F YES, 1	ARMED FORCES? GIVE WAR OR DATES)  16b. SOCIAL SECU 212-24-6		ADDRESRIG. L. Burkett, Boons	4 Box 144 sboro, Md. 2171
Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN  PART 2 OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	196 CONSTITUTE OF INJURY	DEATH BUT NOT RELATED TO THE TELESCOPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED YING CAUSES OF DEATH? S \( \text{NO} \( \text{T} \)
OR CONTRIBUTING CAUSE OF I	NER) P.M.	19		
21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
sow the deceased alive	spital) attended the dereased from on 1/2 / 19 not) view the body after death.	S.F., and that in (my) (evr) opin	on death occurred on the date and hou	19 that (I) (we) lost r and from the causes stated 22c. DATE SIGNED
8	deary Morol	ATTENDINE PHYSICIAN	G MEDICAL STAFF N DIRECTOR PHYSICIAN	1/27/87

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony Edison B. Moody, M. D. 23a BURIAL, CREMATION, REMOVAL (SPECIFY) **Burial** 23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

St. James Rd., Hagerstown, Md. 21740

24 FUNERAL DIRECTOR

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

1-26-87 Rest Haven Cemetery Bast Funeral Home

Hager town, Wash. Co., Md. 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

John H. Bast. Jr. Boonsboro, Md. 21713

Jolia Dindom Randord

DHMH - 16 60M 7/84 (VRA 15, 4)

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A 1 (5 M) 1 (50 M)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21261	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or ottending physician.
LAN	2 uin
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MO	eexe
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or ottending physicial
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and completely filled in by the funeral director, page 3 ages, I and 2 speyld be filed with TNV2 hours ofter death

nding physicion and corbandoppers. Pages

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	0	3	N.	U	
REG. I	NO		А.		
FATH	MONTH	DAY	YEAR	25	H

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

ulia Teridon Pendale

1987

7	4 J FOR STATE REGISTRAR						EALTH AND MENTAL HYG ICATE OF DEATH	REG. 1			0 4	
			FIRST	A A	AIDOLE	BY	ERS	20. DATE OF DEATH	MONTH DAY	87	26 HOUR 124	A M
		Female		Whi	te		.16,1897	89		VIHS DAYS		MIN.
7		Penna.		USA	WHAT COUN	TRY? 8 MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	Washing		CO.		MD.
1	Wi	liams por	TH T		HOSPITAL, NU HEACHITY, GIVE		or other institution 4 Home	12ª USUAL OCCUPA (TYPE OF WORK FOR MOST Housew	OF WORKING LIFE)	12b. KIND C INDUSTRY	F BUSINES	SOR
1	13a S	Md.	13b COUN		13c. CITY OR	TOWN TOWN				Ave.	174	10
1	14 FA	ATHER'S NAME FIRST Andre	w .	Ar	mstor	rg	15. MOTHER'S MAIDEN NA MARNT		1	west.	F	
1		vas deceased ever yes no or unknown) No		MED FORCES? WAR OR DATES)		=1989	Mrs.Helen	Spidel H	Belvier agersto	w Ave	id.	
		Conditions, if ony, gove rise to imm couse (o), stoting underlying couse	ediote g the lost.	DUE TO, OF	R AS A CONS	EQUENCE OF						
	TION	Conge	stive	Hear	+ Fo	ailure	NOT RELATED TO THE TERM					
1	CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR W	HICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, W IN CERTIFYIN YES [			?
-	MEDICAL CER	21a. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEAT	P./	M. MONTH M.	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18 PART	( OR PART 2)		
	MEC	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK		FFICE, FARM ETC )	STREET	CITY OR T	OWN	COUNTY	STA	TE		
	966	22a I certify that (I) sow the decease above, (I) (we) (d	d olive on_	/	-9	O F	nd that in (my) (our) opinion	deoth occurred on the	9 , 19. date and hour or		thot (I) (we couses stole	-
		22b. SIGNATURE	18	House	e ML	)	DEGREE ATTENDING PHYSICIAN [-	MEDICAL STA	AFF ICIAN []	22¢ DATE	SIGNED	
		7ED E	ME (TYPE OR	PRINT)			22e ADDRESS OLNE	Y, MAR	YLANI	0 20	832	
		Burial, CREMATION, P	REMOVAL	23b. DATE 1/12/	87	23c NAME OF C	mas Cem.	St. Thomas	as Twp	Fran	klin	Pa.

Mercersburg, Pa. 17236

DHMH - 16 50M 1/B1 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been should be detached for use as the barial-transit permit. The with the State Dept. of Health and Mental Hygiene pigar te IMPORTANT: If hem 21 is marked or Item 18 shows ony 7941,cf.2001 estim

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1/12/17 St. Musika vet. St. Sinces

THE REPORT OF THE PARTY OF THE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0.7	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.		
	CEASED NAME FIRST	1 Ca	r1	Ċ	arter Jr.	20 DATE OF DEATH MON	TH DAY YEAR	26 HOUR 0300M
3 SEX	male	4 RACE white		S. DATE O		6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D X NEVER MARRIED	9 BALTIMORE CITY OR CO		
10. CI	North Carolina USA  10. CITY OR TOWN OF DEATH Hagerstown 323 McDowell A			ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOL		MD.  OF BUSINESS OR
13a S Ma			I3c. CITY OR TOW   Hagersto	N	YES 🔣 NO 🗌	13e STREET ADDRESS / ZIF 323 McDowe11		21740
14 FA	THER'S NAME FIRST Daniel	MIDDLE C.	Carter,	Sr.	IS MOTHER'S MAIDEN NAM FIRST Hattie	Rebecca	Rit	tchie
	VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	166. SOCIAL SECU 244-14-0		Helen Carter	ADDRESS , Hagerstown,	Md.	
CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE.  Deductor matter and the state of OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 A						DN GVEN IN PART 11  DO 12  OF 15 SES, WERE FINDI  CERTIFYING CAUSES  YES	NGS USED
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED  WHILE AT WORK NOT WHILE AT WORK  220. I certify that (I) (this hasp saw the deceased alive of above, HT (we) (did) (did of 22b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE	P. P	M. MONTH DAM.  OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC J	211 LOCATION STREET  19  19  DEGREE  ATTENDING	CITY OR TOWN  CI	19 19 22c. DATE	that (h (we) last causes stated
- (	BURIAL, CREMATION, REMOVA SPECIFY) burial	Jan.17			EMETERY OR CREMATORY  Iven Cemetery	23d LOCATION CITY OR TOWN Hagerstown,	Wash., Ma	aryland

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been signed be should be detached for use as the burial-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to burial,

with the State Dept. at marked or Item 18 shows

TO HOSPITAL OR ATTENDING PHYSICIAN. The law

retained by the haspital ar attending physician.

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(VRA 15, 4)

24 FUNERAL DIRECTOR Wilson Blvd., Hagerstown, Md. 21740

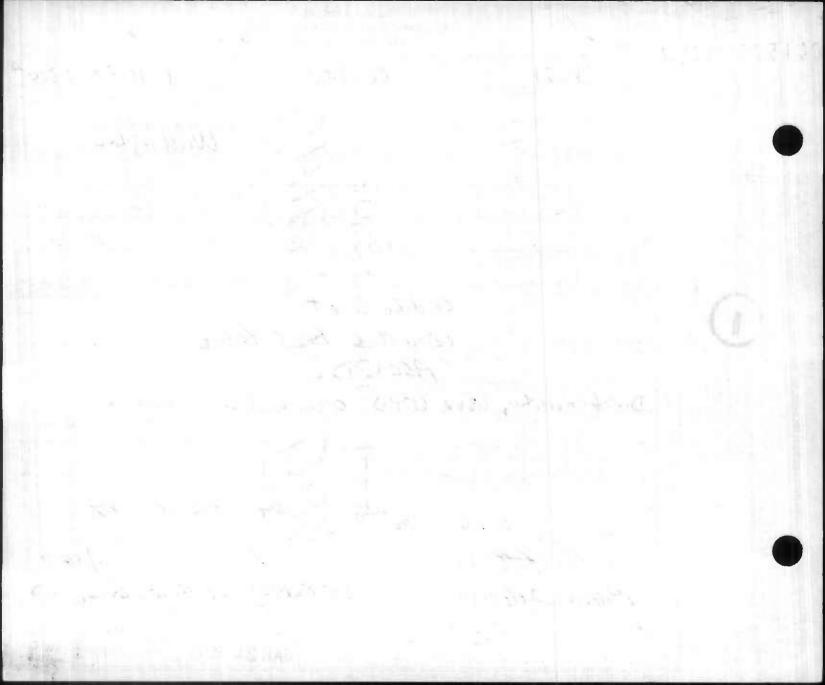
FOR

page 3 hours ofter death

> Jan.17,1987 MINNICH FUNERAL HOME

23d LOCATION
(ITY OR TOWN
Hagerstown, Wash., Maryland

Rest Haven Cemetery Hagerstown, Wash., Mary
HOME
1250 DATE REC TO BY REGISTRAR 256 REGISTRAR SIGNATURE
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Frederick.Md. 21701 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ YES 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated 22c DATE SIGNED ,4.87 115 W. WASHINGTON ST, MAGERSTOWN, M 236. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE 1/6/87 CITY OR TOWN W. Va. Keyser Mineral Queen's Point Cem. Buria 111 S. Mineral 250 DATE REC'D BY REQUITER 255 REGISTRAR'S SIGNATURE JITTY OF KAUDING LERY . lun 1 Markwood-McKenzie Funeral Home Keyser, W. Va.

STATE OF MARYLAND

2h HOUR

12b. KIND OF BUSINESS OR

Own Home

6:35P M

IF UNDER 24 HRS.

- 87

IF UNDER 1 YEAR

Zais

DHMH - 16 50M 4/B2 (VRA 15, 4)

951 to 55 1591 55 bhaltran 10×2 = 10 Reeder's Monoxial Hors M. Samueton Boorstore Secretary 5. Shellows . 505 10 -1en 20. 250-44-5715 Mrs. Lembs Barnoord Tonesdon, B. 21731

. 48 5 T.O- O 1 385 MV

Til S. Mineral

.D. Lettenth 238 35

TO HOSPITAL

BP.

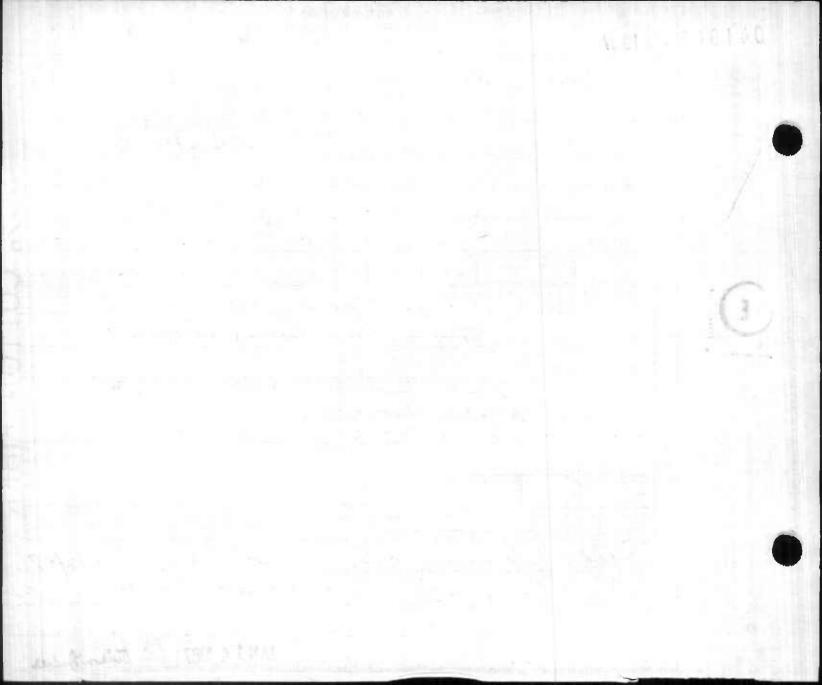
(VRA 15, 4)

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

-(	3	3	1	0	1	
NO.					-22	

0 4 0	IJA	FOR STATE OF REGISTRAN	DEPAI		HEALTH AND MENTAL HYC FICATE OF DEATH	GIENES / O REG. NO.	3 1 0 /
		CEASED NAME FIRST Julia	MIDDLE	Cla	r K	20. DATE OF DEATH MONTH	DAY YEAR 26 HOURSO
	3. SE	x Female	White		of Birth t. 18, 1917	6. AGE (IN YEARS LAST BIRTHDAY)  69  YRS.	MONTHS DAYS HOURS MIN.
	7a. BI	RTHPLACE (STATE OR FOREIGN COUNTRY) WV	76 CITIZEN OF WHAT COUNTS USA	MARRIE WIDOW	D NEVER MARRIED D	Washing to N	Y OF DEATH  Co- ME
79		TY OR TOWN OF DEATH Hagerstown	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR Washington Co	REET ADDRESS)		12a USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING I HOMEMAKER	126 KIND OF BUSINESS OR INDUSTRY Domestic
	13a. S	AL RESIDENCE (IF NUISING HOME OR STATE 136 COUN MORE)	ALL THE CLEAN OF TO		138. INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP COD 413 Laurel Ave	DE 99999 nue 25414
1000	14. FA	THER'S NAME Charles Bre	middle enton Cain		15. MOTHER'S MAIDEN NA Claudia	Christine	Hovermale
medicol S	16a V	VAS DECEASED EVER IN U.S. AR. YES NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SE 234-24-		Iris Johnson	,1070 Crestwood	Dv., Hagerstown
tic event, 1		PART I. DEATH WAS CAUSE	TE CAUSE (a)	10 P	Inavary,	Arrest	BETWEEN ONSET AND DEATH
, ar other Trouma		Conditions, if any, which gove rise to immediate cause lol, stating the underlying cause last.	DUE TO, OR AS A CONSEC	OUENCE OF		CIMA S F BEAIN	
rojui injuu	CERTIFICATION	190 DATE OF OPERATION  12-23-36	196. CONDITION FOR WHI		DN WAS PERFORMED	20a AUTOPSY? 20b. IF YE	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES \( \begin{array}{c} \text{NO} \end{array} \)
Hem 18 sh	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER	HOUR A.M. MONTH	DAY YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
brked or	MEC	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFI	CE. FARM ETC )	STREET	CITY OR TOWN	COUNTY STATE
21 is m		22a. I certify that (I) (this hospi sow the deceased olive an abave, (I) (we) (did) (did no			nd that in (my) (aur) apinion	, ta, death accurred on the date and ho	. 19, that (I) (we) la
IT: If Nen		THE STONATURE /	County	w.	4	MEDICAL STAFF DIRECTOR   PHYSICIAN	1/12/87
MPORTAN	_	224 PHYSICIAN'S NAME TYPE O	AREY, MD	7	1/90 MT	Acros Rd, 1	Lagers rows M
7		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	1/14/87	reenwa	CEMETERY OR CREMATORY  y Cemetery	23d LOCATION CITYORTOWN Berkely Spri	
M 7/84 4)	24 FI	uneral director elsTey-Johnson I	F.H. Berkeley S	Street	WV 2541- 250. DA	TE REC'D. BY REGISTRAR 256. REGIS	



tely filled in by the funeral director, page 3 sypoid be filed with it hours after death

old be filed

physician and cample

IMPORTANT: If them 21 is marked or them 18 shows only injury, or other traumatic event, the medical

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, cit.

BP

DHMH - 16 60M 7/84

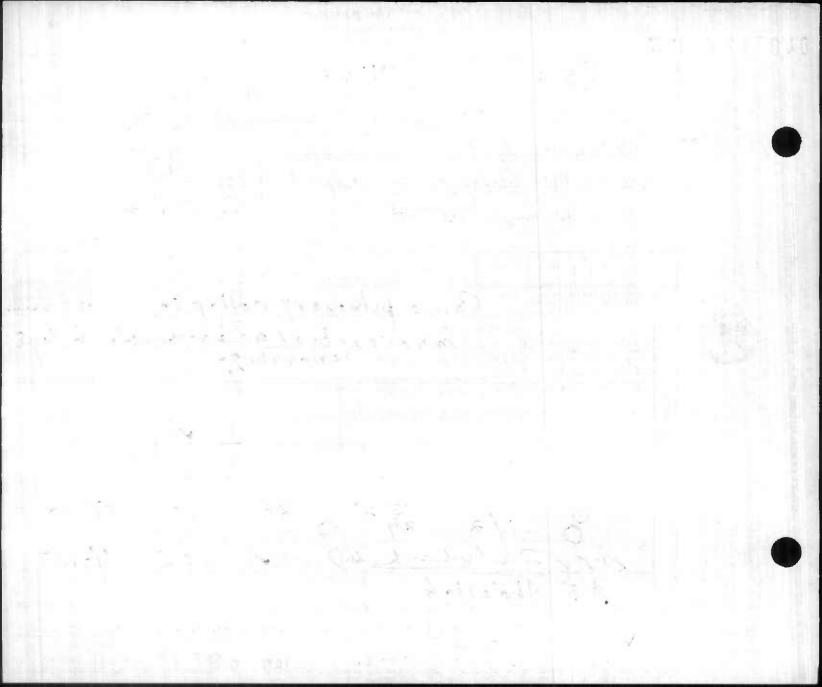
(VRA 15, 4)

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STATE OF MARYLAND							
DEP	ARTMENT	OF HE	ALTH /	AND	MENTAL	HYGIENE	
	CE	RTIFIC	TATE	OF I	DEATH	0	

0	3	1	0	8	
0.					

		FOR STATE REGISTRAR	DEPAI	CERTIFICATE OF DEATH REG. NO.					
		CEASED NAME 2 STA	Grace	01	ine.		DAY YEAR	26 HOUR	
	3. SEX	Female	4 RACE white	5. DATE (	H DAY YEAR	8-	FUNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.	
16	(		76 CITIZEN OF WHAT COUNTR	Y? 8. MARRIE	D NEVER MARRIED	BALTIMORE CITY OR COUNTY Washington	OF DEATH		
7	10 CI		11. NAME OF HOSPITAL, NUR			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF housewife		F BUSINESS OR	
	USU/ 13a. S	ALRESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVE REJORNEE BET		13d. INSIDE CITY LIMITS? YES X NO	130 STREET ADDRESS / ZIP CODE	: 217 S≠	740	
1	14. F.A	Charles	R. Hildeb	rand	15 MOTHER'S MAIDEN NA Esta	WE	Fink	Č.	
		VAS DECEASED EVER IN U.S. ARA (15, NO OR UNKNOWN) (15 YES, GIVE 10	, Maryl	land					
	NOIL	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSECUTION OF THE PROPERTY OF	DUENCE OF	he mory	and intraventing has a	EN IN PART I (o		
2	CERTIFICATION	19a DATE OF OPERATION		CH OPERATION WAS PERFORMED  206 AUTOPSY?  206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO					
7	MEDICAL CEI	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA:  (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED  WHILE NOT WHILE AL WORK  22a.1 certify that (1) this haspit sow the deceased vilve on above, (1) (we) (did) (did not applied to the contribution).	P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC  al) ottended the deceased from ) view the body after death.	19 CE, FARM, ETC.)	21f LOCATION STREET  19 8  Ind that ir (my) (our) opinion DEGREE ATTENDING PHYSICIAN	CITY OR TOWN  CITY OR TOWN  death occurred on the date and hou	COUNTY		
		22d PHYSICIAN'S NAME (TYPE OF	Abdulla 4		22e ADDRESS		/ /		
	(	burial burial	Jan.6, 1987 Z	ion Lu	EMETERY OR CREMATORY theran Cemeter	ry Middletown, Fr	ed., Ma	aryland	
		JNERAL DIRECTOR MINN 5 E. Wilson Blv	ICH FUNERAL HO d., Hagerstown,	5	250. DAT		RAR'S SIGNATI		



MPORTANT: If them 21 is marked or them 18 shows ony injury TO FUNERAL DIRECTOR, After this certificate hos been sill should be detached for use as the burial-transit permit. The with the State Dept. of Health and Mental Hygiene prior ta

DHMH - 16 50M 4/B3

(VRA 15, 4)

tor, page 3 offer death

	STATE	OF MA	ARYLA	ND	
DEPARTMENT	OF HE	ALTH A	AND N	MENTAL	HYGIENE
					30

	1 -	FOR STATE REGISTRAR	DEPAR		HEALTH AND MENTAL HYGI FICATE OF DEATH	IENE /	031	0 9
23		Elizabeth	Shockle 4 RACE	EY Co	bb DE BIRTH	20. DATE OF DEATH	MONTH DAY YEAR  1-17-87  HDAY) IF UNDER 1 YEAR	26 HOUR 4 45 M
2	/	FEMALE RTHPLACE (STATE OR FOREIGN	Coucasion 76. CITIZEN OF WHAT COUNTRY	12 12	- 12-1893	9 BALTIMORE CITY O	YRS.	HOURS MIN.
2	E	ATOD Md	11. NAME OF HOSPITAL, NURS	WÍDOWI SING HOME ( EET ADDRESS)	OR OTHER INSTITUTION	Washing 12a USUAL OCCUPA IN (TYPE OF WORK FOR MOS) O	Ton Count	DE BUSINESS OR
3	USUA Tile S	1 JIDENCE (IF NURSING HOME OR	BARLOCK MEMORIOTHER INSTITUTION GIVE RESIDENCE BEFORE TO THE CONTROL OF TO THE CONTROL OF THE CO	ORE ADMISSION)	134 INSIDE CITY LIMITS?	GERK 14 5 13. STREET ADDRESS / BROADW	ZII CODE	21617
1	)	THER'S NAME FIRST  Wohn Edit	WARD Conlike	ч	SARAH	Levenin	ALL	EN
/		THO DECEMBED ETEN IT O.O. THE	MED FORCES? EWAR OR DATES)  A  16b. SOCIAL SE	O969D	FREDERICK M.	Cobb JR Z	3295 NORTH	AVENUE SUMMIT P
		PART I. DEATH WAS CAUSE	ly ane cause per line for (a), (b), D BY: E CAUSE (a)	ond ic	lmonan	Arrest	APPROX BETWEEN	ONSET AND DEATH
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEC (c) A F L V	Sile	mential		19	78
9	CERTIFICATION	PART 2 OTHER SIGNIFICANT O	196 CONDITION FOR WHIC			700 AUTOPSY?	20b IF YES, WERE FIND IN CERTIFYING CAUSES	NGS USED
9	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCURR			
	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFIC	-/-	STREET	1//6	+>	STATE About Days
		saw the deceased alive on	tol) alreaded the deceased fram		nd that in my (aur) apinion d	death accurryd on the do	ate and hour and Irom the	causes stoted
1		Dr CHANGA NAME (TYPE O	PRINTI)	<u>~~</u>	PHYSICIAN (C) 270 ADDRESS 323 (4), Mom	POIRECTOR BIVE	1 Ylag. Ma	1 21740
	C	URIAL, CREMATION, REMOVAL	1 1		CEMETERY OR CREMATORY	123d LOCATION	PECICADAME CICALA	aton Md
		drew K. Cofi	Haq fman Funeral	gersto Home	wn, Md. JAN	21 1987	Julia Dendernik	anders

the test should be a second France Literation 12 = 12-1893 - 13 extended the second way of the sharing way The state of the s SHEW MORNING WENTERWILL & with contrad Courses SARAH Levening faction ALVEND AND A STANK Indicate the state of the state

Character 1-18 - South-Sends Oceanstatus - Missour Walter Mis

Andrew M. Colfman Puneral Bone, Inc.

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STATE OF MARYLAND							
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE,						
CERTIFICATE OF DEATH	9						

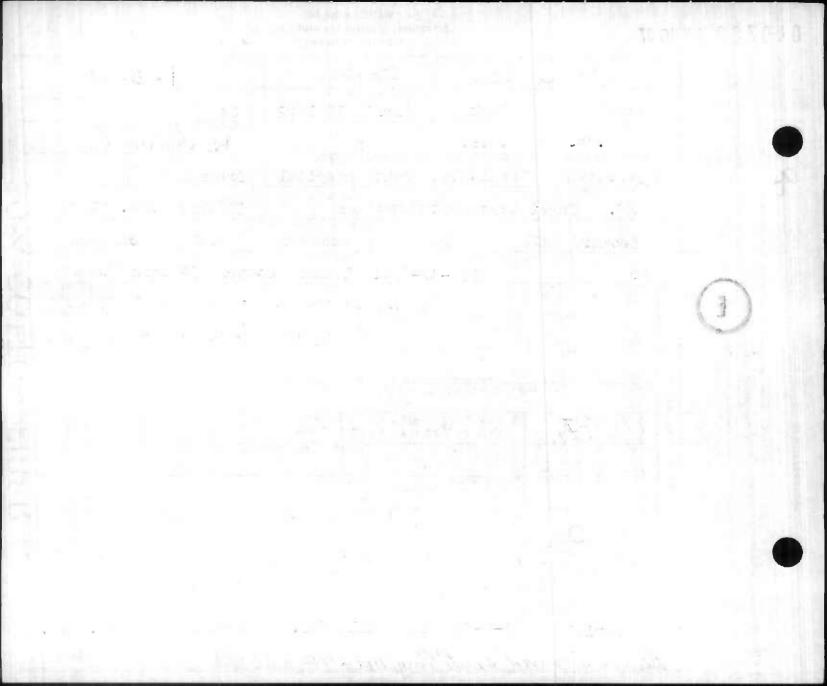
1	REG. N	10.	3	!	1	9	
OF D	EATH	MONTH	DAY	YEAR Q1	2ь	HOUR	

JAN	16	FOR STATE REGISTRAR	DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	FIENE PREG. NO.	3 1 1 0
		CEASED NAME FIRST	Wise	Co	oper	2a DATE OF DEATH MONTH	5-87 2b HOUR
	3 SE	Х	4 RACE	5. DATE O	F BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
		Female	Black	Apr	1 18 1922	64 YRS.	MONIAS DAYS HOURS MIN.
3		RTHPLACE (STATE OR FOREIGN COUNTRY) W.Va.	U.S.A.	8. MARRIEI WIDOWE	DEVER MARRIED ☐	BALTIMORE CITY OR COUNT Washingt	1
2 Protived	I	Hagerstown /		ount;		(TYPE OF WORK FOR MOST OF WORKING LE HOUSE WITE	12b. KIND OF BUSINESS OR INDUSTRY
5	13a.		other institution give residence before ity 134 CITY OR TOWN ington Hagerst		13d. INSIDE CITY LIMITS? YES 🏠 NO 🗌	13. STREET ADDRESS / ZIP COD 56 Murph Av	e. 21740
Committee	14. F		MN Wise		Rebecca	NMN	Johnson
medica		WAS DECEASED EVER IN U.S. ARI YES. NOOR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECUI E WAR OR DATES) 236-42-		Leonard C	dooper 452 Par	k Place
y, or other froumon event,	7	Conditions, if ony, which gove rise to immediate cause (0), stating the underlying cause lost	by one cause per line for (a, b), and D BY:  E CAUSE (a)  DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  ONDITIONS CONTRIBUTING TO D	SCE OF	bulmona bduzal	ke matoma	Several wKs
9	CERTIFICATION	196 DATE OF OPERSON	196. CONDITION FOR WHICH	OPERATION		200 AUTOPSY? 206 IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \( \begin{array}{cccccccccccccccccccccccccccccccccccc
9	1 M. T. C.	210. A CIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
) and or	MEDICAL	21d. INJURY OCCURRED  WHILE ON WHILE OF AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	NRM, ETC }	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
7	1	220. I certify that (I) (this hospit saw the decease alive an above, (I) (we) did (did not 22b. SIGNATURE	ral) attended the deceased from 198	7, 011	d that ir (my) (our) opinion of	death occurred on the date and ho	or and from the causes stated  220. DATE SIGNED
J CHIANING		27d. PHYSICIAN'S NAME TYPE	dallah M.	D	270 ADDRESS 318	MEDICAL STAFF DIRECTOR PHYSICIAN [	1/5/87
2.7	23a (	BURIAL, CREMATION, REMOVAL (SPECIFY)  Burial			EMETERY OR CREMATORY	13d LOCATION Hagerstown	Wash. Md.
7/84	24 F	Wernes L. Da	vis Smith Pou	a m	d. 21783 NO	E REC'D. BY REGISTRAR 256 REGIS	TRAR'S SIGNATURE

ennos L. Davis Smith Enry Md. 21783 N 09

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT ( Inc. 21 is marked or here



2282	FOR STATE			DEPARTN	AENT OF H	OF MARYLA EALTH AND M	NENTAL HYG	IENE /	REG. NO	4-3	3 1	7	
	DECEASED NAME	FIRST	MIE	DDLE	ı	AST		20. DATE OF	DEATH	MONTH	DAY YEAR	2b. HO	UROS
0 0	THE OKERNAL)	Marie	A		Dall	200	8 4773			1-10	7-87	6	D N
0 5	SEX		RACE		5. DATE C			6 AGE (IN YE	ARS LAST BIRT	HDAY	MONTHS DAYS		
director director pours affi			W		9	X DAY	1907	-	79	YRS.	MONTHS DATS	HOURS	MIN.
72 ho	BIRTHPLACE (STA	TE OR FOREIGN 76		HAT COUNTRY?	8. MARRIE	NEVER M	ARRIED	9 BALTIMO	RE CITY O	COUNT,	Y OF DEATH		
13/	PA.		USI	17	WIDOWE		ORCED [	WASH	HINGTO	ом Со	UNTY		MD
300 10	CITY OR TOWN O	F DEATH		SPITAL, NURSIN		R OTHER INST	TUTION	120 USUAL C	FOR MOST OF		12b. KIND	OF BUSIN	IESS OR
2/	Washingto	n County	was	shington	Co.	HOSP	4	OWN	IER		CAR V	VASH	
	SUAL RESIDENCE (	13b, GOUNTY	HER INSTITUTION, GI	VE RESIDENCE BEFORE	N	13d. INSIDE CF	TY LIMITS?	13e STREET A	DDRESS /	ZIP COD	E 2	174	1
£ /	MARYLAND	WASH	INGTON	HAGERS	TOWN		NO 🗌	377 [	AMILT	ON B	LVD.	16	U
图/14	FATHER'S NAME		DDLE 1/	LAST		15. MOTHER'S	IRST		MIDDLE			AST	
\$ / 1	FRANK	Josi		NAWETTE		MARI		Α.			SCHEIBE	LHEF	FER
	WAS DECEASED LYES, NO PR UNKNOW			66. SOCIAL SECU		12 INFORMAN			ADDRE				
De Hedi	TYES, NO PRUNKNOW			203-01-	33/9	LEO .	J. DALL	_AGO S	SAME A	s 13			
1	18 CAUSE OF	DEATH (Enter only )	one couse per lin	ne for (a), (b), and	d (C).1	1					BETWEE	XIMATE INT N ONSET AN	D DEATH
	Y ART II. DEA	AMEDIATE (		Cara	lac	pr	en-						
			DUE TO, OR	AS A CONSEQUE									
	Conditions, if		(b)	phe	eumo	NO					-		
9	couse (o),		DUE TO, OR	AS A CONSEQUE	NCE OF								
1			(c)										
		SIGNIFICANT CO	NDITIONS CON	TRIBUTING TO D	DEATH BUT	NOT RELATED	TO THE TERMI	INAL DISEASE	OR CONE	DITION GIV	VEN IN PART	10	
-	19a DATE OF O	PERATION	196 CONDITION	ON FOR WHICH	OPERATIO	N WAS PERFOR	RMED	20a AUTO	PSY?	20b. 1F YE	S, WERE FIND	INGS USE	-D
9								YES 🗍	NOI	IN CERTI	FYING CAUSE		TH?
	218. ACCIDENT W	AS UNDERLYING	21b. TIME OF	INJURY	-	21c HOW INJ	IURY OCCURR						
1 2	OR CONTRACTOR	CAUSE OF DEATH		MONTH DA	Y YEAR								
1 3	(IF EITHER NOTIF	CURRED	P.M. 21e. PLACE OF	INJURY	19	21f LOCATIO	N						
2		NOT WHILE AT WORK	(AT HOME, STREE	T, FACTORY, OFFICE, F	ARM, ETC )	STREET			CITY OR TO	WN	COUNTY		STATE
		ot (f) (this haspital	) attended the	deceased from			., 19	, to			19	, that (I)	(we) lost
	sow the d	eceased alive on		19		d that in (my) (		death accurre	d on the do	te and hou			, ,
	000ve, (1)	we) (did) (did not) v	view the body of	ter deoth.									

TO FUNERAL DIRECTOR should be detached for u TO HOSPITAL OR ATTE IMPORTANT: If them 21 23a BURIAL, CREMATION, REMOVAL 1-22-87 BURIAL

22b. SIGNATURE

22e. ADDRESS

DEGREE

ATTENDING PHYSICIAN

DIRECTOR

22c. DATE SIGNED

23c. NAME OF CEMETERY OR CREMATORY REST HAVEN CEMETERY

LOCATION
CITY OR TOWN
HAGERSTOWN STATE

GERALD N. MINNICH

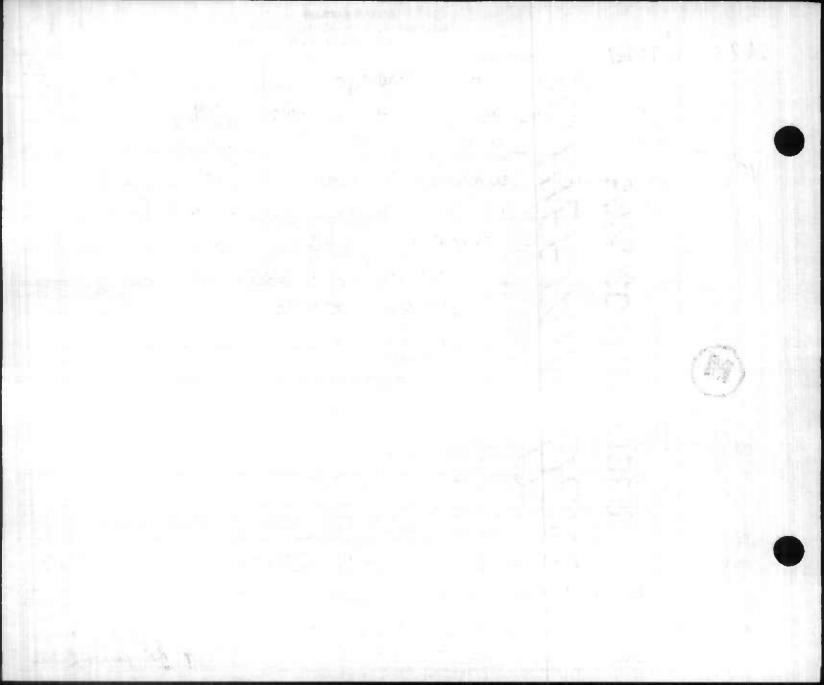
WASH. ISTRAR 256 REGISTRAR'S SIGNATURE 250. DATE REC'D.

STAFF PHYSICIAN

Dandern- Pender

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



			- V	STATE OF MARYLAND		
	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	TENES 7 REG. NO.	3 ! ! 2
		CEASED NAME FIRST	e Jane	Debusk	20. DATE OF DEATH MONTH	18 87 12:53 q M
-3 B	3. SE	female	white	5. DATE OF BIRTH  MONTH DAY  October 28,1898	6. AGE (IN YEARS LAST BINHDAY) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
3 July	V	IRTHPLACE (STATE OR FOREIGN COUNTRY)  'irginia'	76. CITIZEN OF WHAT COUNTRY?  USA	MARRIED NEVER MARRIED WIDOWED MONCED	Washington	MD.
Sold Sold Sold Sold Sold Sold Sold Sold	На	gerstown	(IF NOT IN SUCH FACILITY, GIVE STREET  Washington Cour  OTHER INSTITUTION, GIVE RESIDENCE BEFORE	nty Hospital	(TYPE OF WORK FOR MOST OF WORKING LITTLE HOUSEWIFE .	12b. KIND OF BUSINESS OR INDUSTRY
niner modet	130 S Ma	ryland Wash		'N 13d. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP COD 611 W. Oak Ric	
dicol exar	16a_V	James F. was deceased ever in u.s. ard	Robinett	Emma PRITY NO. 17 INFORMANT	D. ADDRESS	Riner
Injury, or ather traumatic every the medicol examine		PART I. DEATH WAS CAUSED	ly ane-cause per lige for (a), (b), and DBY: E CAUSE (a) VARIABCAY  DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)	cinoma of the ence of widespread	Colon with wetastases	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
10	CERTIFICATION	PART 2 OTHER SIGNIFICANT C		DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
or Item 18 shaws	MEDICAL CERTI	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL ITE STIMER, NOTIFY MEDICAL EXAMINER, 21d. IN JURY OCCURRED	P.M. 21e PLACE OF INJURY	19 211 LOCATION	YES NO YE	S NO PART 1 OR PART 2)  COUNTY STATE
n 21 is marked	W	while NOT WHILE AT WORK  270 1 certify that (1) this hospit sow the deceased allowers (1) (we) (did) (4 of not home).	(AT HOME, STREET, FACTORY, OFFICE, F	00 21 19 86	death accurred on the date and have	19, that (1) (we) last
ANT: If Item		22d PHYSICIAN'S NAME (TYPE OF	- Bull	DEGREE  ATTENDING PHYSICIAN [	MEDICAL STAFF	221. DATE SIGNED
MPORTANT		Robert	Brull	1459	Potomac Ave.	Hagerstown

should be detached for use as the burial-transit permit. Their please remove with the State Dept. of Health and Mental Hygiene priar to burial, cremation

TO FUNERAL DIRECTOR: After this certificate has been

DHMH - 16 60M 7/84 (VRA 15, 4)

Brull

23c. NAME OF CEMETERY OR CREMATORY

Potomac Ave.

Hagerstown

230. BURIAL, CREMATION, REMOVAL (SPECIFY) burial Jan.29,1987

Cedar Lawn Mem.

23d. LOCATION CITY OR TOWN

Park Hagerstown, Wash., Mar

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

1887 Wash., Maryland

MINNICH FUNERAL HOME Wilson Blvd. Hagerstown, Md. 21740

ALVAN TEM The state of the s The voltage of the second

) 4	103	3	AN-	FOR POTE 7 REGISTRAN			DEPARTI	MENT OF H	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 7	0 3	3 1	1 3
2	ope 3 death			CHMINT)	ella	,	Gay	Der	linger	1-12-87	MONTH DA	Y YEAR	26 HOUR 2:22 AM
100	rector p		1.58	Female		white	و	S. DAYE O		6 AGE (IN YEARS LAST BIR	YRS	UNDER I YEAR	IF UNDER 24 HRS
)	18	2		West Virgin		US		WIDOWE	D NEVER MARRIED DIVORCED DOROXHER INSTITUTION	Washingto	n Coun	ty,	MD.
after of the	104 1	90	410			ER INSTITUTION	H FACTURY, GIVE STREET	ADDRESS)	. Cenyer	Housewife		Homen	
/	To Ser	S	M	aryland I	Freder	ick	Brunswi		13d. INSIDE CITY LIMITS? YES XX NO [] 15. MOTHER'S MAIDEN NA	WE	t "B"	Street	/ 21716
w betite	completes 1 and 3			John VAS DECEASED EVER IN	U.S. ARMED	rorces?	Watt 166 SOCIAL SECU		Annie	Eliza ADDR			rickler Street
otto he se	1			NO (ES. NO OR UNKNOWN) NO  18 CAUSE OF DEATH PART I. DEATH WAS		ne couse per	218-88-9		William J. E	ngbrecht -	Port H	ueneme	
there the deletts consider	by the orthograph cost (move collocing it, prefuction to remo	r other traumons seem			which diote the	AUSE (a) DUE TO, OI	R AS A CONSEQUE  R AS A CONSEQUE  Couga:	porte	upulmano rupus Hear Jo		1-		
PRODUKE.	Then pl	- Lubux	NON	PART 2 OTHER SIGNIE	ICANT CON	iditions <u>cc</u>	ONTRIBUTING TO	<u>DEATH</u> BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON			
The low	oon of hot be of permit	1	CERTIFICATION	19a DATE OF OPERATION				OPERATIO	n was performed	YES NO	IN CERTIFYI YES	ha.d	OF DEATH?
SPERM	d physical certificat rightern end thy	18 mon 18	MEDICAL CE	2 to ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL	JSE OF DEATH	21b. TIME O HOUR A.I P.I	M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	ED (ENTER NATURE OF INJU	RY HAITEM IS PAR	T : ORPART 2)	
NG Ber	offer the or the tu	o payo	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		21e PLACE (	OF INJURY BEET, FACTORY OFFICE, I	FARM ETC )	211 LOCATION STREET	CITY OR IC	)WN	COUNTY	STATE
CMBITA	ECTOR A d for use 1, of Heal	m 21 H m		22a.   certify that (1) (t) saw the deceased abave. (1) (we) (did	alive on		19		nd that in (my) (aur) opinion (	, to death accurred an the d	ate and hour c	and Iram the c	
TAI OF	RAL DRE Sentents	#		22b. SIGNATURE	1	100	1			MEDICAL STA	FF CIAN []	1/12	19
HOSE	P.UNE ould he sh the S	PORTA		ABOUL L	I AHE	RD	un		1610 - OAK	HIL NE.	HAGERS	TOUN.	m) 21790

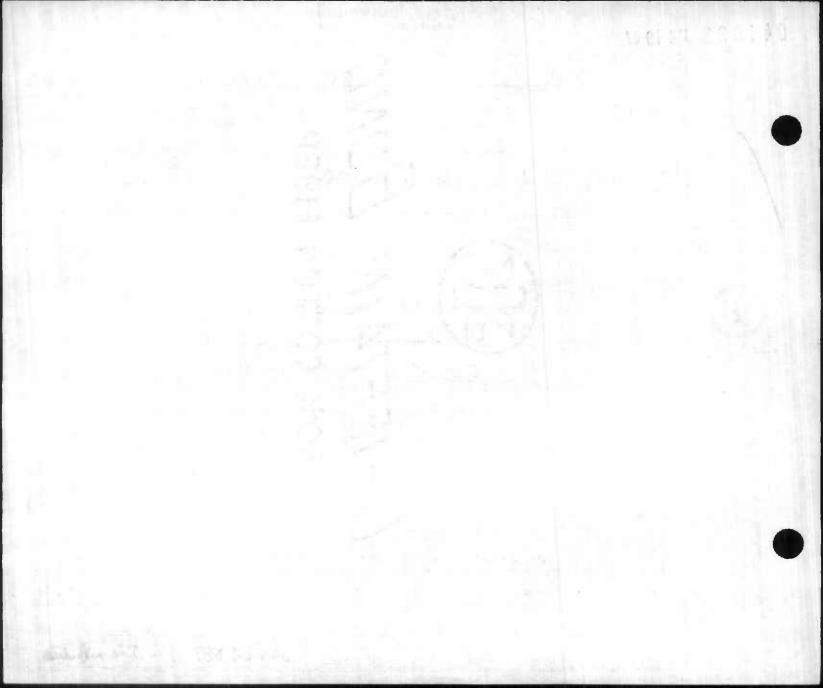
DHMH - 16 60M 7/B4 (VRA 15, 4)

Burial, CREMATION, REMOVAL
(SPECIFY)
Burial 1/17/87 23E NAME OF CEMETERY OR CREMATORY Harper Cemetery

Harpers Ferry, Jeff., W. Va.

NAME ROBERT L. Spencer - Harpers Ferry, WV 25425 24 FUNERAL DIRECTOR

236 DATE



#### STATE OF MARYLAND

2	FOR 3 TREGISTRAR			HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 / O	3 !	
	1. DECEASED NAMESSIE FIRST	PEARL	Dia	Lekton	20. DATE OF DEATH MONTH  TAN  6. AGE (IN YEARS LAST BIRTHDAY)	9 87	2b HOUR  8 30 PA
	Female	RACE whi	te S. DATE	OF BIRTH  TH DAY  YEAR  97	89 YRS	MONTHS DAYS	HOURS MIN.
3	To BIRTHPLACE (STATE OR FOREIGN 7 COUNTRY)  Virginia	USA	COUNTRY? 8 MARRI		BALTIMORE CITY OR COUN	TY OF DEATH	MC
3	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPIT.  (IF NOT IN SUCH FACILITY  Colton Vil:	AL, NURSING HOME Y, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK INC.  OWNET		F BUSINESS OR
5	USUAL RESIDENCE (IF NURSING HOME OR OF 13a STATE 13b COUNT	OTHER INSTITUTION GIVE RES			13e.STREET ADDRESS / ZIP CO 2211 Diane Dr	DDE	21740
	Thomas	Bre	eeden	15 MOTHER'S MAIDENNAM	ME MIDDLE	Grims]	
/	160 WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	4-09-2716	Mrg Mary V	Moats, Hagers		
2	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CO.  19a DATE OF OPERATION	DUE TO, OR AS A (  (b)  DUE TO, OR AS A (  (c)  ONDITIONS CONTRIBI	CONSEQUENCE OF  CONSEQUENCE OF  UTING TO DEATH BU  OR WHICH OPERATION	Non Sent ON WAS PERFORMED	200 AUTOPSY? 200. IF YES NO NO NO IN CER	GIVEN IN PART 110 YEE, WERE FINDIN TIFYING CAUSES YES	Ha sa
7	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT  OR CONTRIBUTING CAUSE OF DEAT  (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURED  WHILE NOT WHILE AT WORK  22a. I certify that (I) (this hospital sow the deceased alive on above, (I) (we) (did) (did not)  22b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE OR	P.M.  21e PLACE OF INJU (AT HOME STREET FACT  DI) attended the decen view the body after de	ONTH DAY YEAR  19  JRY  ORY, OFFICE FARM, ETC.)  358 from  19	214 LOCATION STREET  T chilling t	CITY OR TOWN  CITY OR TOWN  COTY OR TOWN  CO	COUNTY LGU 19	
	238 BURIAL, CREMATION, REMOVAL DUTIAL 74 FUNERAL DIRECTOR MINNIC		Green 1	2.4.51	23d LOCATION CITY OR TOWN Waynesboro, F ERC'D. BY REGISTRAR 25b. REG		
	415 E. Wilson Blvd	l., Hagerst	own, Md.	21740 JAN	10 198/ Julia 1	Endern Rea	datibaj

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

IMPORTANT



53	3 JAN 2	218	FOR 7STATE REGISTRAR		DEPARTM	NENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG CICATE OF DEATH	IENE 8 / D	3 1 1 5
pe pe	deoop		CEASED NAME OR PRINT)	OBERT	AIDDLE WIT	liamĺ	ORAN	2a. DATE OF DEATH MONTH	10/87 8:00 AM
may	0	3. SE	X	4 RACE		5 DATE C	OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	FUNDERS YEAR OF SPHORE ZAMES
ge 4	50 50		Male	Wh	ite	Mar	ch 11, 1920	66	HONHS SAIS HOURS MAL
P. 10	To how		RTHPLACE (STATE OR FO	REIGN 76 CITIZEN OF	WHAT COUNTRY?	8.	D X NEVER MARRIED	9 BALTIMORE CITY OR COUN	ITY OF DEATH
leath	7		Nebraska	USA		WIDOWE		Washington	MD.
oh!		10 C	TY OR TOWN OF DEAT		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
200	filed filed	_	gerstown	Wester	n Marylar	nd Cer	nter	Tool & Jig	Aircraft
hou h	1 DC	13a .	TATE . II	G HOME OR OTHER INSTITUTION	13c CITY OR TOWN	N	113d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	DDE
n 24			naryland	Washington	Hagersto	own	YES NO X	Rt.2 Box# 401	21740
with		)4 F/	THER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NAM	WIDDLE	1AST
ted o			William	Baker	Doran		Mary	Agnes	Haney
	1 1		TES NO OR UNKNOWN	N U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	16b SOCIAL SECUI		17 INFORMANT	ADDRESS	
to mi	2 5		no		555-16-6	125	Tempie S.Dora	an (item 13 ab	
			PART I. DEATH WA	(Enter only one couse per AS CAUSED BY: MMEDIATE CAUSE (o)	line foryol, (b), one		uia		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that the dest	ease remove coro		Conditions, if ony, gove rise to imme couse (0), stoting underlying couse	ediate	AS A CONSEQUE R AS A CONSEQUE	Obs	matrie Pul	umany Dise	an years
equires	Then p r ta bur injury.	NOI	PART 2 OTHER SIGNI	MI,	Di al	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION (	GIVEN IN PART 1:0
he law	ene prio	CERTIFICATION	19a DATE OF OPERATI	ON 196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \( \text{YES} \( \text{NO} \)
physici	of-trons tol Hyg		210 ACCIDENT WAS UNDE OR CONTRIBUTING CA LIFEITHER NOTIFY MEDICA	SUSE OF DEATH HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM I	8 PART I OR PART 2)
ding	Mer Mer	MEDICAL	21d INJURY OCCURRE			19	211 LOCATION		
O Pr	the ond ked	M	WHILE NOT WHILE	3	EET, FACTORY OFFICE FA	ARM ETC )	STREET	CITY OR TOWN	COUNTY STATE
N O N	mort mor			this hospital) attended the	e deceased from	1	125 19 86	to 1/10	19 P7, that X (we) lost
TEN	21 is		sow the deceased	d olive on ///	19_	87.01	nd hot in (my) (oX) opinion o	leath occurred on the date and h	
he hosp	F Hem		22b. SIGNATURE	d) (de XX view the body	offer deoth.	110	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
by 1	Stote		22d. PHYSICIAN'S NA	ME (TYPE OR PRINT)	un,	4.1.	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICIAN	1/10/0/
HOS!	hould be with the St.		ROSE	MARIE	MAN		Wester M	orgland Cont	in, Hogistown,
T e	- o s ≤	23a F	LIPIAL CREMATION P	EMOVAL 23h DATE	123, N	AME OF C	EMETERY OR CREMATORY	TOME LOCATION	2174

DHMH - 16 60M 7/84

(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 236 DATE Burial Jan. 13, 1987

23c. NAME OF CEMETERY OR CREMATORY

20 LOCATION CITY OF TOWN

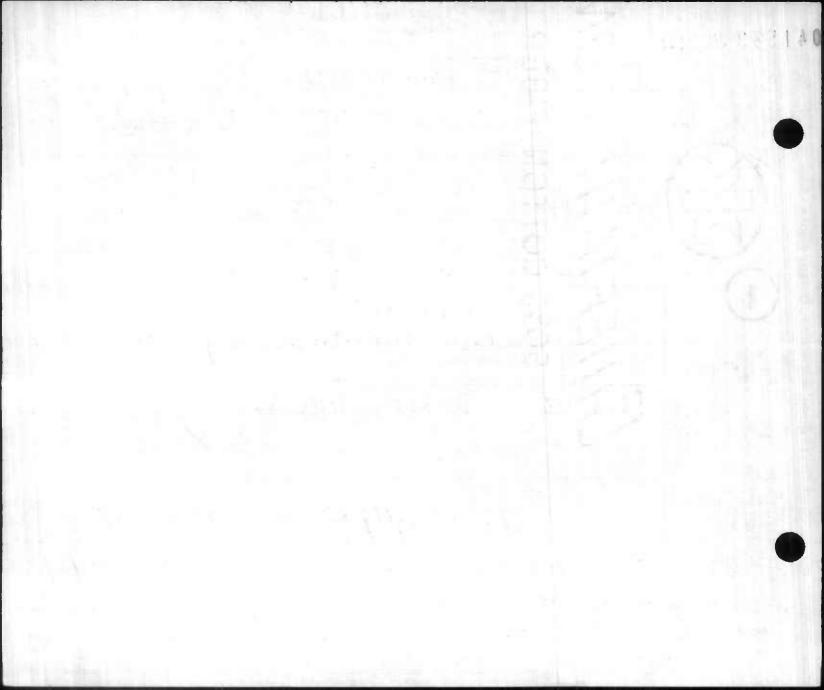
COUNTY

24 FUNERAL DIRECTOR Major M.Osborne

Greenlawn Mem. Park William

Wash

Wmspt., MD 21795



injury, or other trou

MPORTANT: If Hem 21 is

FOR 71 - STATE REGISTRAR DECEASED NAME

(TYPE OR PRINT)

Female.

Fa. BIRTHPLACE (STATE OR FOREIGN

Williamsport

Shippensburg, Pa

3 SEX

FIRST

76 CITIZEN OF WHAT COUNTRY?

USA 11. NAME OF HOSPITAL, NURSIN

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL UNCLEAR

DEPART	CERTIFICATE OF DEATH	REG. NO.	3 1	1 0	
WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR	2b HOU	R
Ilet	Draper	1	2 87	5	PM
ACE	5. DATE OF BIRTY	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER	24 HRS
White	October 20, 1889	97 <sub>YR</sub>	MONTHS DAYS	HOURS	MIN.
ITIZEN OF WHAT COUNTRY?	8.	9 BALTIMORE CITY OR COUN	TY OF DEATH		
USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Wash	instor	1	MD.
NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET)	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING	12b. KIND		SS OR
Homewood Retir		Housewife			

_	<u> </u>							
13a S	TATE 13b	ome or other institution. COUNTY Washington		136 INSIDE CITY LIMITS?	13e STREET ADDRE	ESS / ZIP CODE Avenue	217	40
	THER'S NAME illiam	WIDDLE	Kitzmiller	Elizabeth	MIDD	DIE	Hus	ler
	/AS DECEASED EVER IN L ES, NO OR UNKNOWN) NO	J.S. ARMED FORCES? YES GIVE WAR OR DATES)	166 SOCIAL SECURITY NO. 214-09-9900	17 INFORMANT George W. Dra		DDRESS Sunnyside	Dr.	Hag.
	18 CAUSE OF DEATH (E PART I, DEATH WAS (	nter only one couse per CAUSED BY: AEDIATE CAUSE (0)	line for (0), (b), and (c)	ions of a	strok	ke	BETWEEN	IMATE INTERVAL ONSET AND DEATH
NO	underlying couse li	ich of othe the ost (c)	R AS A CONSEQUENCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR (	CONDITION GIVEN	IN PART 1:0	01
CERTIFICATION	190 DATE OF OPERATION	19b. CONDI	TION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFYIN	G CAUSES	
-	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH HOUR A.	M. MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF	FINJURY IN ITEM IB PART	OR PART 2)	
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE ( (AT HOME STR	OF INJURY EET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
	220.1 certify that (I) (this	hospital) attended the		y-st 19 8	5, 10 Ja	2	5-7	that (we) lost

DHMH - 16 60M 7/84

230 BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial 24 FUNERAL DIRECTOR Minnich Funeral Home 415 East wilson Blvd. Hag. Md.

the body after death

236 NAME OF CEMETERY OR CREMATORY January 7, 1987 Rest Haven Cem.

DEGREE

22e ADDRESS

ATTENDING PHYSICIAN

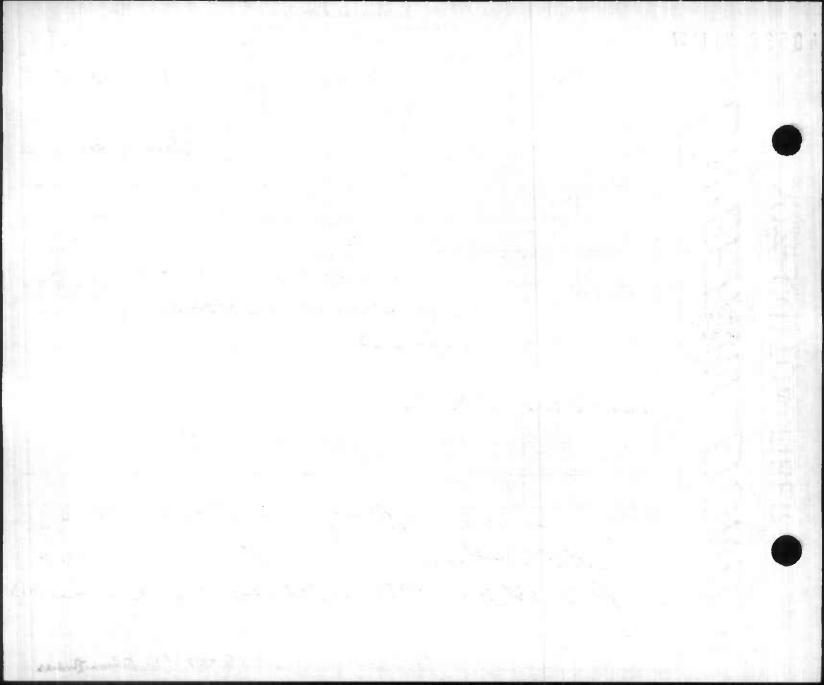
23d. LOCATION

MEDICAL STAFF
DIRECTOR | PHYSICIAN |

Wash Maryland

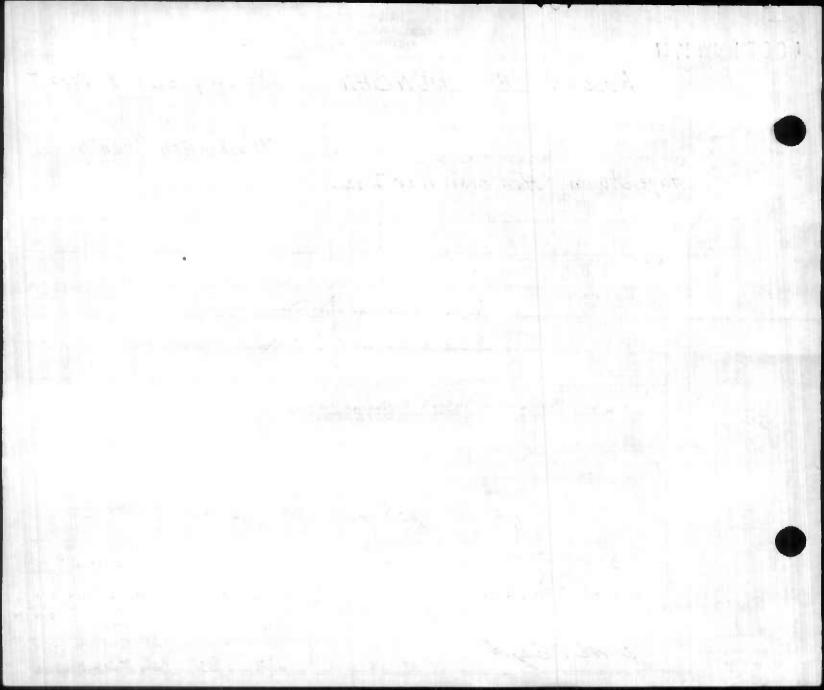
Hagerstown 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

(VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) :33 BALTIMORE CITY OR COUNTY OF DEATH 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY RETIRED 13e STREET ADDRESS / ZIP CODE 12 BLUE RIDGE AVE./21788 STITELY RT. 10 P.O. BOX 71TROVINGER 21740 HAGERSTOWN, MD. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO F 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 224 DATE SIGNED STAFF DIRECTOR PHYSICIAN BP BURTAT 5/1987 RESTHAVEN MEM. FREDERICK GARDENS MD. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 (VRA 15, 4) THURMONT, MD. 21788

STATE OF MARYLAND



1	2		
1	0		

- STATE REGISTRAR DECEASED NAME

# STATE OF MARYLAND

DEPARTMENT	OF HEALT	H AND M	ENTAL I	HYGIENE,
CEI	RTIFICAT	E OF DE	HTA	Ö

CERTIFICATE OF DEATH	8 /	() S		1 0
ELLEN EAKLE	20. DATE OF DEATH	MONTH DAY	8 87	8:25p
S. DATE OF BIRTH  MONTH DAY YEAR  ALIGNIST 20 1912	6. AGE (IN YEARS LAST	BIRTHDAY) IF L	INDER I YEAR	IF UNDER 24HRS HOURS MIN.

female	white	August 20, 1912	74 YRS MONTHS: DA
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
Maryland	USA	WIDOWED DIVORCED O	Washington

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Washington 120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE!

13e.STREET ADDRESS / ZIP CODE

ADDRESS

12b. KIND OF BUSINESS OR

21740

	П	ag	e	r	S	L	O	WII	
			SID	E	VC	E	( 1F	NURSIN	
13a	ST	ATE						1	13

10. CITY OR TOWN OF DEATH

HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Washington

13c. CITY OR TOWN Hagerstown

Washington County Hospital

13d. INSIDE CITY LIMITS? NO [ 15. MOTHER'S MAIDEN NAME

Genevieve

909 Oak Hill Ave.

Wareham

14 FATHER'S NAME Homer

Maryland

Willis

Eakle 166 SOCIAL SECURITY NO

17 INFORMANT

Jeanette Rutledge, Hagerstown, Maryland

160 WAS DECEASED EVER IN U.S. ARMED FORCES? LIF YES, GIVE WAR OR DATEST no 18 CAUSE OF DEATH (Enter only one couse per

PART 2 OTHER SIGNIFICANT CONDITIONS

PART I. DEATH WAS CAUSED BY

Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse last

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

THE TERMI	NAL DI FASE OF C	CHARITION GIVEN	MI PART IIa	0100
ma.	phila	Chrom	TOX	LYPO
D /	a AUTOPSY?		WERE FINDING	

ζ	19a	DATE	OF	<b>OPER</b>	AT	101
)	100	DATE				

21b. TIME OF INJURY

196. CONDITION FOR WHICH OPERATION WAS PERFORME

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2)

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

NOT WHILE

HOUR A.M. MONTH DAY YEAR P.M 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211. LOCATION

COUNTY

20.1 certify	tho!	this	hospital)	attended	the de	egsed	from_
sow the	alle only	of the	ver on			12	_19

22b. SIGNATURE	1)
Man 1 Dans	r.,

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22c DATE :

burial

230 BURIAL, CREMATION, REMOVAL

23¢ NAME OF CEMETERY OR CREMATORY Jan. 22,1987 Rose Hill Cemetery

Hagerstown, Wash., Maryland

DHMH - 16 60M 7/B4

24 FUNERAL DIRECTOR MINNICH FUNERAL Wilson Blvd., Hagerstown, Md. 21740 250 DATE RECID BY REGISTRAR 250 REGISTRAR S SIGNATUSE JAN 27 1987

(VRA 15, 4)

00

ORTANT ld b

THREE WILLS AND MAY The Auto Continues of the Auto-Chrose Wellyout Lowers Pal-Come & Dell May 1/2 And 1/

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0:30

2d HOUR 12:00 NOON,

27,087

126. KIND OF BUSINESS HOME

PARK

MOMENTS

20 AUTOPSY? YES

DATE JAN. 30, 1987

NO X

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

29

CRILLY

907

COUNTY

JAN.

07/84

**DHMH - 17** 

BURIAL

24. FUNERAL DIRECTOR

FOR

(VR A15 ME (5))

1 - 31 - 87

ROSE CEMETERY HAGERSTOWN WASH. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE FB 5 Julia Dividson. MINNICH HAGERSTOWN,

. . . . 19

1

J3FT.

THE PARTY AND ADDRESS.

DIST III SSX = 3 .-e.

EMINOR DATA PROSESSED BUILDING

THE COLUMN TWO IS NOT THE TAX AND ADDRESS OF THE PARTY OF

ATMENT AND THE PROPERTY OF THE PARTY OF THE

THE THOUSAND THE STATE OF THE S

	STA	TE	OF M	ARYL	AND	
EPARTMENT	OF	HE	ALTH	AND	MENTAL	HYGIENE

	0	3	1	.3	0
REG. NO.	U	0	ě	Gra	0

	1-	STATE REGISTRAR			DEPAR		ICATE OF DEATH	8 Sanataria	REG. NO	0	3!	20	
		CEASED NAME OR PRINT)	FIRST		rison	Edle	eblite	20 DA	TE OF DEATH		6 87	26 HOUR 10:35	AM
	3. SEX	M		4 RACE	W	5. DATE (	H DAY YEAR	10	76	YRS	IF UNDER 1 YEAR	IF UNDER 24 H	HRS AIN.
)		ork Haven,	Pa.	U.S.		MARRIE	DIVORCED	W	ashing to	DCOUNTY	OF DEATH		MD.
7	20.00	TY OR TOWN OF DEA	ТН	Washi	HOSPITAL, NURS	ING HOME O	OR OTHER INSTITUTION Hospital	12a US	EVAL OCCUPATION OF THE PROPERTY OF	)N WORKING LIFE	12b. KIND C	F BUSINESS	OR
2	13n. S	AL RESIDENCE IF NURSI TATE laryland	13b COUN		Boonsbo	WN	13d. INSIDE CITY LIMIT		reet Address /	ZIP GODE	217	13	
-	14 FA	THER'S NAME FIRST John	٨	AIDDLE	Edleblu	ıte	15. MOTHER'S MAIDE Sophi		WIDDLE		Mar	kle	
		VAS DECEASED EVER I VES. NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	166 SOCIAL SEC 198-03-		Mrs. Mar	y Sine		SS 2 Bo	Md.	21713 MATE INTERVAL ONSET AND DEA	
0	NTION	Conditions, if ony, gove rise to imm couse 101, stofing underlying couse  PART 2 OTHER SIGN  190 DATE OF OPERAT	lost	DUE TO, OF	ONTRIBUTING TO	UENCE OF COK MY DEATH BYT	NOT RELATED TO THE		SEASE OR CONE	6.30	YS YS IN PART 110		<i>&gt;</i>
2	CERTIFICATION					II OFERATIO		YES	□ NO V	IN CERTIF	YING CAUSES		
7	MEDICAL CE	21g. ACCIDENT WAS UNDI OR CONTRIBUTING CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS 21d INJURY OCCURR WHILE NOT WHILE AT WORK NOT WHILE AT WORK ODD ON THE CONTRIBUTION CONTRIBUT	AUSE OF DEA' AL EXAMINER) ED  THE K  Whis haspit Abolive an adjudington	21e PLACE (LAT HOME, STR	M. MONTH I M.  OF INJURY  EET, FACTORY, OFFICE  Sedereosed from	, FARM, ETC )	216 HOW INJURY OF	2, to inion death or	corred on the do	te and have	COUNTY	1	lost
	230 B	BURIAL, CREMATION, F	REMOVAL	DATE.	23(		EMETERY OR CREMATO		Boonsbor	10. WE	ash. Co	. Marie	

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been signed by the a should be detached for use as the burial-transit permit. Then please remaint the State Dept. of Health and Mental Hygiene prior to burial, cremainth the State Dept. of Health and Mental Hygiene prior to burial, cremainthe IMPORTANT: If them 21 is marked or them 18 shows any injury, ar oth

(VRA 15, 4)

John H. Bast, Jr. Boonsboro, Md.

21713

250, DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

Adin Dirdon Budas 1987

Dutter the partition of estylence insisting of carbos model in the carbos 2 -0 2 o - 1 Today Steel The plant march and the state of the state o 

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

4 may be

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.	REG. NO.	0	3	1	2
----------	----------	---	---	---	---

20 01	7 - STATE REGISTRAR		DEF		HEALTH AND MENTAL HYG FICATE OF DEATH	8 / REG. NO.	0 3   2	1
	DECEASED NAME  APPE OR PRINT)	First Lane	Reberca	Eid	helberner		ONTH DAY YEAR 26. 1	HOURS 9
3. S	Female	4. RACE	hite	S. DATE C	ch 19, 1918	6 AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR IF U	NDER 24 H
70. I	BIRTHPLACE (STATE OR COUNTRY) reathedsvil	FOREIGN 76 CITIZ	ZEN OF WHAT COUN	MARRIE	D MEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	1
10 (	CITY OR TOWN OF DE. Hagerstown	ATH 11. NA	ME OF HOSPITAL, N		OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF N Housewife	N 12b. KIND OF BU WORKING LIFE) INDUSTRY Own Hol	
USI 130	UAL RESIDENCE (IF NUR I. STATE Maryland	SING HOME OF OTHER INS 136 COUNTY Washingt	STITUTION GIVE RESIDENCE	F BEFORE ADMISSION)	13d. INSIDE CITY LIMITS? YES NO		ZIP CODE shington St.	217
A PILI	FATHER'S NAME Joseph	Alve	-		15. MOTHER'S MAIDEN NA Susan	May	Cunningham	
19	WAS DECEASED EVER (YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR		16-2356	Mr. Charles	21400ES S. Eichelber	S Washington S ger, Hagersto	t. wn,
	Conditions, if ony gove rise to im couse (a), static	mediote ng the DU	E TO, OR AS A CON (b) E TO, OR AS A CON	SEQUENCE/OF	i intala	116	.//	
ATION	gove rise to im couse (a), static underlying couse	mediate ng the e lost.  DUI	(b) ETO, OR AS A GON (c) CONTRIBUTION	HESTERS G TO DEATH BUT	CONTROL OF THE TERM	INAL DISEASE OR CONDI	206. IF YES, WERE FINDINGS	
	gove rise to im couse (o), stotii underlying couse  PART 2. OTHER SIG	mediate no programme to the programme to	(b) ETO, OR AS A SON (c) CONTRIBUTION CONDITION FOR V TIME OF INJURY OUR A.M. MONTI	G TO DEATH BUT WHICH OPERATION	T NOT RELATED TO THE TERM ON WAS PERFORMED  116 HOW INJURY OCCUR	INAL DISEASE OR CONDI  200 AUTOPSY?  YES \( \text{NO} \)	206. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF E	
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0	103	6.	STATE 19 87 REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 /	03122
			CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
page 3	too		MARY	Elizabeth	EILER	January	6, 1987 3:00 Bu
		3. SE	X	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
ecta	rs off	]	Female	White	May 26, 1889	97	YRS
1 0	اور کو		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH
1 9	GC3		Maryland	U.S.A.	WIDOWED DIVORCED	Washing	ton County MD.
of all			augansville	11. NAME OF HOSPITAL, NURSIN JIF NOT IN SUCH FACILITY, GIVE STREET, Mennonite Old		12a USUAL OCCUPATION OF OF WORK FOR MOST OF Housewif	ON 126 KIND OF BUSINESS OR INDUSTRY
pletely lile	and 2 s.	05U. 13a S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUN Wash ATHER'S NAME FIRST	OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION) N 13d INSIDE CITY LIMITS? YES X NO  15. MOTHER'S MAIDEN NA FIRST	13e STREET ADDRESS A	ZIP CODE 21740 it Avenue
an and com	s. Pages 1 g		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU		ADDRE	855 Greenbriar er Hagerstown, Md.
d by he othercling physic	Meos mon manage		PART I. DEATH WAS CAUSE	TE CAUSE (0). <b>Uremia</b> DUE TO, OR AS A CONSEQUE	scleyoses		days
gre	book ony,	z	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART 1:0
hos been	permit. The	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
ling physici	Mental Hygin	MEDICAL CER	21g. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA		216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN HEM 18 PART I OR PART 2)
attend ier thu	s the brand /	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE F.		CITY OR TO	WN COUNTY STATE
TOR: Aft	of Meelth 21 is mar		22a.1 certify that (I) (this hospi	December 6. 19 8	July , 19.79 86 , and that in (my) (our) opinion	to Januar	ry . 1987 . that (It (we) lost ate and hour and from the causes stated
y the hosp	ate Dept.		226. SIGNATURE	Office of the poor offer geoth.	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAI	FF 1/6/86
NER NER	AAN TAN		22d. PHYSICIAN NAME (TYPE O	PRINT)	22e ADDRESS 580 N	orthern Ave	nue
D FU	ith the		Howard N. Wee	eks, M.D.	Hager	stown, Mary	land 21740
e T	5 3 ≥ 7	23 a F	BURIAL CREMATION, REMOVAL	236 DATE 123c N	NAME OF CEMETERY OR CREMATORY	23d LOCATION	

DHMH - 16 60M 7/84

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

(VRA 15, 4)

(SPECIFY)

Burial

24 FUNERAL DIRECTOR 1-9-87

Boonsboro Cemetery Boonsboro, Washington, Md.
Hagerstown, Md. 250. DATE REC'D. BY REGISTRAR'S SIGNATURE

JAN 14 1987 Julia Dander Condens

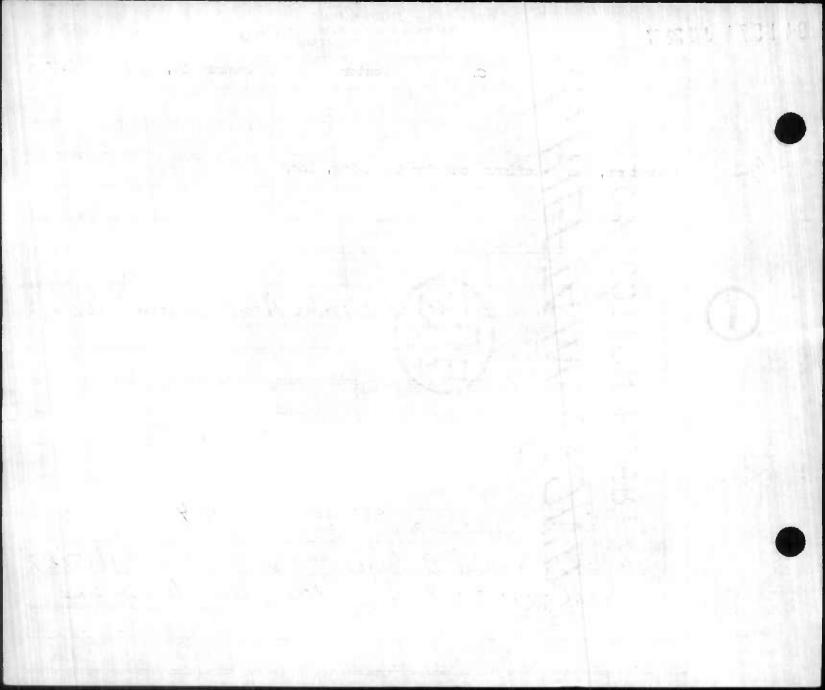
ADdHagerstown, Md. A.K. Coffman Funeral Home Inc.

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	2.6	May 25, 1669	Milte	>1s )
Court	Washington		4.0.0	busiyisi -
21740	Housewille	aroll Longood 51	S Stimonnell s	And warmer and
31.481	11 mil 072	recour X	ashington Hees	at band yes!
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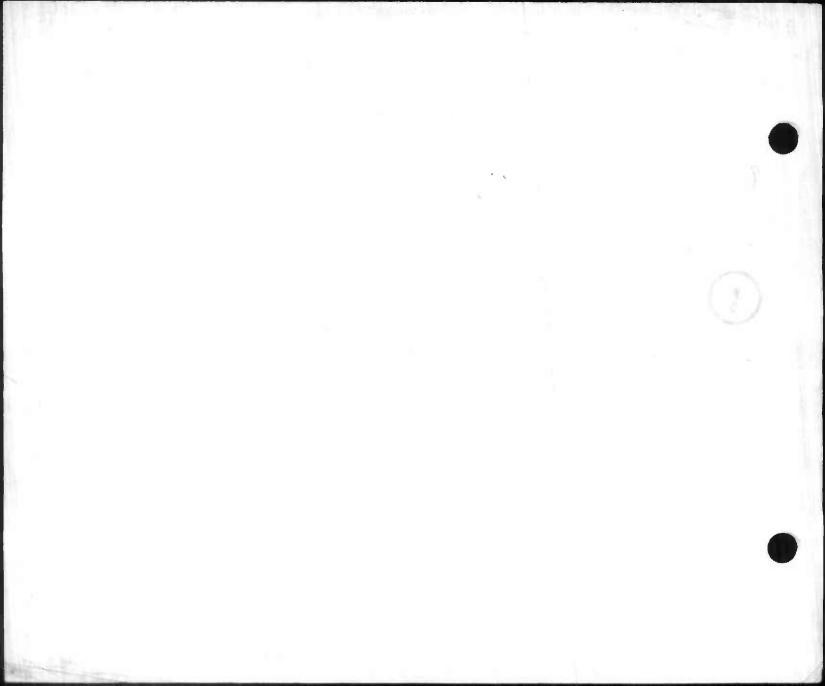
Hurial Louis Bonns or o Cuelum Bossano, essuington, Hd.
Hageristown, M..
A.S. Coffan Tuneral Hole, Inc.

# STATE OF MARYLAND

04	1574 JAN	32	FOR STATE REGISTRAR			DEPAR	TMENT OF H	E OF MARYLAND EALTH AND MENTA ICATE OF DEATH		NE 8 7	0	3 1	2 0
	oge 3		CEASED NAME OR PRINT)	Daisy	Cath	<b>G</b> rine	F	oster	24	January 1	4, 198	87 YEAR	26 88 30pm
	ge 4 moy ector. pog rs ofter de	3 SE	× femal		white		5. DATE O	17, 1897 1897	6.	AGE (IN YEARS LAST BIRT	YRS.	DATS	HOURS MIN.
	nerol dir	Vi	RTHPLACE (STATE OR F COUNTRY) rginia	Ch	USA	WHAT COUNTRY	MARRIE WIDOWE	DEVER MARRIE		Washing	gton	OF DEATH	MD.
102	3.90	Ha	gerstown, l		- 100			Aging, In	12.	type of work for most of pressing	)N WORKING LIFE)	INDUSTRY	eleaners
AND 213	filled in thould be	13a S Ma	ryland	136 COUN Washi	TY	GIVE RESIDENCE BEFO 130. CITY OR TO Hagers T	WN	134 INSIDE CITY LIM		8. STREET ADDRESS / 70 Winter	zip code Stree	et	21740
, MARYL	on letel		Joseph	Tho		Dawson		13. MOTHER'S MAID Sarah	EN NAME	Margaret		LAS	ī
TIMORE	be executed on a part of		VAS DECEASED EVER YES NO OR UNKNOWN) NO		WAR OR OLITER	220-30-		William	Sower	es, Hagerst		_ :	IMATE INTERVAL ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2 120	quires that the death certification is good by the art called by the art called to buriol, crematic runtiffication, or other traumers.	NO	Conditions, if ony, gove rise to imm cause (a), statin underlying couse	which nediote g the lost	DUE TO, OF	R AS A CONSEQUENT REPORT FOR THE PROPERTY OF T	UENCE OF	NOT RELATED TO TH		AL DISEASE OR COND	DITION GIVE	N IN PART 1:0	Clays
AL RECOR	on. hos beer t permit permit ene prior	CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHIC	CH OPERATIO	N WAS PERFORMED		200 AUTOPSY?		WERE FINDING CAUSES	
VISION OF VITA	G PHYSICIAN, T otherding physicial physicial certificate of the buriol-transit ond Mental Hygg shed or Item 18	MEDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER NOTIFY MEDIC 21d INJURY OCCURR WHILE NOT WH AT WORK AT WOR	CAUSE OF DEAT CALEXAMINER)	P.I	M. MONTH M.	DAY YEAR 19 E FARM, ETC )	211 LOCATION STREET	OCCURRED	CITY OR TO		COUNTY	STATE
	OR ATTENDING the hospital or of DIRECTOR: Afri oched for use os Dept. of Health If them 21 is mort		22a. I certify that (1) sow the decease above, (1) (we) (a 22b. SIGNATURE	(this hospit			87,0	DEGREE 1 ATTEND		oth occurred on the do		and from the	
	TO HOSPITAL retoined by the TO FUNERAL should be detin with the Stofe With The St		22d. PHYSICIAN'S NA	4Ct	7/1/	be//	MI	22e ADDRESS	a_S	DIRECTOR   PHYSIC	low	y h	2/0/
	BP		BURIAL, CREMATION, SPECIFY) burial	KEMOVAL	13b. DATE Jan. 17,			emetery or crema ven Cemete		Hagerston	m, Wa	sh., M	ary land
	DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR 15 E. Wilso		NICH FU	NERAL H			So DATE R	EC'D. BY REGISTRAR		AR'S SIGNAT	



04	2331	J?	h3(	FOR 7 STATE REGISTRAR		DEPARTA	NENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 / REG. NO	0 3	3   2	
				EASED NAME FIRST		WIDDLE	-	AST	20 DATE OF DEATH	MONTH DA		HOUR
	nay be page 3	L		DONA	LD	E	1	04	JAN	13		7 3 M
		3	SEX		4 RACE		5 DATE C		6. AGE (IN YEARS LAST BIRT			UNDER 24 HRS OURS MIN.
	ork off		-	ALE	WHITE		Nov.	26^* 1906	80	YRS		C-117
	rol die	6	69	THPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARRIED	1 BALTIMORE CITY O	R COUNTY O	F DEATH	
	funer thin 7	4		EW YORK	U.S.F	١.	WIDOWE		WASHINGTO			MD.
,	3	10	1.1	Y OR TOWN OF DEATH	(IF NOT IN SUC	HOSPITAL, NURSIN CHEACRITY, GIVE STREET, NGTON COL	ADDRESS)	OSPITAL	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O AGENT		126. KIND OF B INDUSTRY INNSURA	
	24 hoy illed in ould be	3	USUA 13a Si	1	ROTHER INSTITUTION NATY HINGTON	GIVE RESIDENCE BEFORE  130 CITY OR TOW  HAGERST	N	131 INSIDE CITY LIMITS? YES NO 🛱	13. STREET ADDRESS BROAD	FORDIN	g Road	140
	within d 2 sp	1	4 FAT	HER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	AME		LAST	
	and and	4	[	DGAR	MIDDLE	Fox		GRACE	V.		Fox	
	executed computer to the compu	1	4n W	AS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRE			
		/	,,,	YES WW	H	214-89-8	3101	ROBERT LUDI	wig 1117 Lar	CH AVE		1D.
	fig physical beginner in removal	ľ		IL CAUSE OF DEATH (Enter of	nly one cause per	line for (a), (b), and	diesi	. /			APPROXIMA BETWEEN ON	TE INTERVAL
		-1	П	PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (a)	Conglis	tive	Heart 1-a	elune		3 d	ayo
	death ce attend ave com itian, a			Conditions, if any, which	DUE TO, O	R AS A GONSEQUE	NCE OF	The Heat	Disease		Geo	~
	requires that the death in signed by the attenual. Then please remove con in to burial, cremation, a			gave rise to immediate couse (a), stating the underlying cause last	DUE TO, O	R AS ACONSEQUE		ged arten	oschwan'		Yea	*
	equires Then plants to burn Injury, o			PART 2 OTHER SIGNIFICANT	conditions co	truetive	Puln	NOT RELATED TO THE TERM	/	yed Os	tea - wi	Thristy'
	0 4 0 24	1	CERTIFICATION	9a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PARFORMED	700 AUTOPSY?	706. IF YES, YES IN CERTIFYI YES	WERE FINDING ING CAUSES OF	S USED DEATH?
	TIENDING PHYSICIAN. The low pitol or otherding physicion.  CIOR, After this certificate has been for use as the buriot-transit permit of Health and Memal Hygiene prior Health and Amenal Hygiene prior is marked or them. It shows an	7	-	710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER	ATH HOUR A.		Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18, PAR	TIOR PART 2)	
	offendin ter this c s the bur hand Me rked or b		MEDICAL	WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC.)	211 LOCATION STREET	CITY OR TOW	VN.	COUNTY	STATE
	Tendin tal ar OR: Af FHealth			27e. I certify that (I) (this hosp sow the deceased alive an	Jan 13	19	gune 87	d that in (my) (our) opinion	death occurred on the de	13 19		t (I) ( <del>we)</del> last
	hospital hospital hed for us ept of Her tem 21 is		1	above, (I) (we) (did) (did-no 27b SIGNATURE	H wew the body	after death.		DEGREE		-	22¢ DATE SK	
	0 0 0 0			John a.	Moran		K	The ATTENDING PHYSICIAN	MEDICAL STAF	FF JIAN 🗌	1//	3/87
(	etained by the TO FUNERAL (should be detained by the Should be detained with the State (MMPORTANT).			JOHN A	MORA	N N	1.0.	215 West	WASHINGT	ON ST	Hage	RSTOWN
	BP	1		URIAL, CREMATION, REMOVAL BURIAL	12-16-			EMETERY OR CREMATORY 'EN CEMETERY	134 LOCATION CITY OR TOWN HAGERST	OWN W	ASH. MD.	STATE
	DHMH-16 20M (VRA 15, 4) 7/78	. 4	-	PERALDIRECTOR  NAME ERALD N. MINNI	CH #7	05 NærBoto AGERSTOWN	OMAC MAR	ST. ZSO DA	TE REC'D. BY REGISTRAR	1 1 8	AR'S SIGNATUR	dres.



STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HY	GIENE &
CERTIFICATE OF DEATH	(

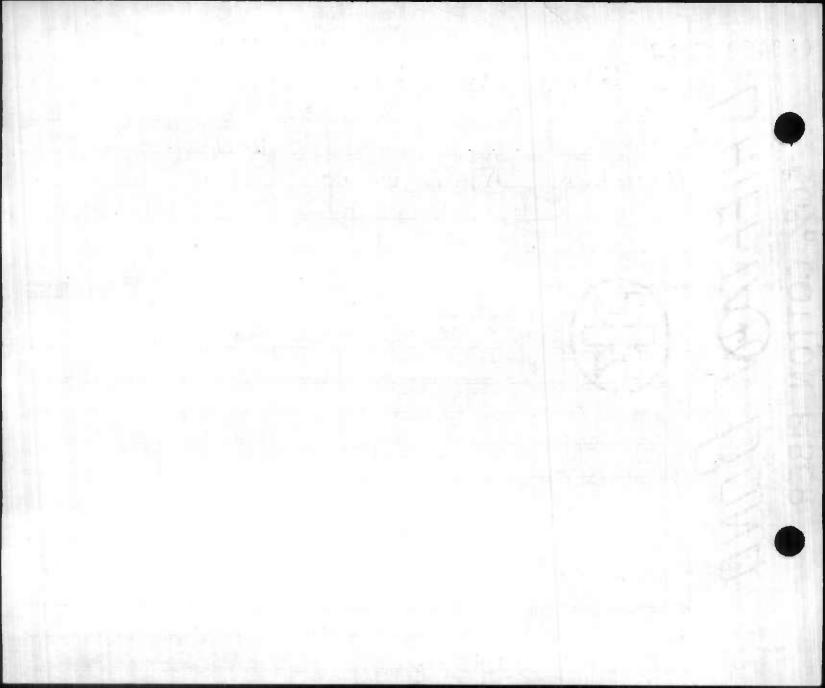
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1	FOR STATE			IEALTH AND MENTAL HY	GIENE 8	0 3	6 3
3	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	10	300
1	1. DECEASED NAME FIRST	MIDDLE	0	AST.	2a DATE OF DEATH		YEAR 26 HOUR
ı	Gilme	5 Hu	gh (5)	255	Ja	n. 25, 19	787 7 A
1	1.5EX	1 RACE	5. DATE C		6 AGE IN YEARS LAST BI		
I	Male	White	3	21 1912	74	YRS	DATS HOURS MIN
Я	7a BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	OUNTRY? 8	D NEVER MARRIED X	9 BALTIMORE CITY	R COUNTY OF DEA	TH
1	Virginia	U. S. A.	WIDOWE		Washin	aton (	D. M
4	III CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL		OR OTHER INSTITUTION	120 USUAL OCCUPAT		IND OF BUSINESS OF
4	Hagerstown	Ava	100 M	anor	Inspec		Rubber
1	130 STATE LIF NURSINGHOME OR		OR TOWN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE	
4	Maryland Fred	derick Em	mitsburg	YES NO X		Bridge Rd.	21727
λ	H FATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NA	AME		IAST
4	William	E. Glas		Sarept	ia M.	0r	rsburn
7	(YES NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOC	TAL SECURITY NO.	17 INFORMANT	Emmitsburg	MD 21727 A Keysvill	
4	No		-16-2559	Kermit G. G	Tass, 10202	A Keysvil	le Rd.
1	18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	ly ane cause per line faye	a), (b)_ond.ic).i	C	D1.1.	D BE	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
1		E CAUSE (a)	cur	coupai	y accur	som	
1	The second section of the second	DUE TO, OR AS A/C	NREQUENCE OF	X1.0	71	1 15	
1	Canditians, if any, which	( 15)	Mone	c ATrial	) troull	aten	
1	gave rise to immediate	10/	and a surface of				
1	underlying cause last	DUE TO, OR AS A CO	JNSEQUENCE OF				
1	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PA	ARI I a
1	Z						
7	190 DATE OF OPERATION	19b. CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE F	
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING				YES NO	IN CERTIFYING CA	NO
ă	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCUR		JRY IN ITEM 18 PART I OR PA	ART 2)
1	OR CONTRIBUTION CAUSE OF DE	(IH	NTH DAY YEAR	Market Company			
1	(IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	21e PLACE OF INJUR	Y	211. LOCATION			
1	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTOR	RY, OFFICE FARM, ETC )	STREET	CITY OR TO	NWO (OUN	NTY STATE
1	22a.l certify that (I) (this haspi	tal) attended the decease	ed fram		, ta		, that (1) (we) las
ı	saw the deceased alive an abave. (!) (we) (did) (did na	t view the hady after dea	th 19, at	nd that in (my) (aur) apinian	death accurred an the d	ate and have and fra	im the causes stated
1	276 SIGNATURE	San the body one dea		DEGREE		226	DATE SIGNED
1	1.10	7. m.c	9	ATTENDING )	MEDICAL STA		126/87
,	THE PHYSICIAN'S NAME (THE	(ha)		22e ADDRESS		/	1
7	230 BURIAL, CREMATION, REMOVAL	23b DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		
1	(SPECIFY) Rurial	27 Jan 87	Kovcus	ille Heden	CITY OR TOWN	COUNTY	STATE

DHMH - 16 60M 7/84

(VRA 15, 4)

Burial | 27 Jan 87 | Keysville |
24 FUNERAL DIRECTOR
Skiles Funeral Home, Emmitsburg, MD 21727

I his Davidson- Rondall



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A. E. U

January Standard about to De Jo

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es Victram 212-50-617 - .rm. Jarears J. artle Danton S.C.

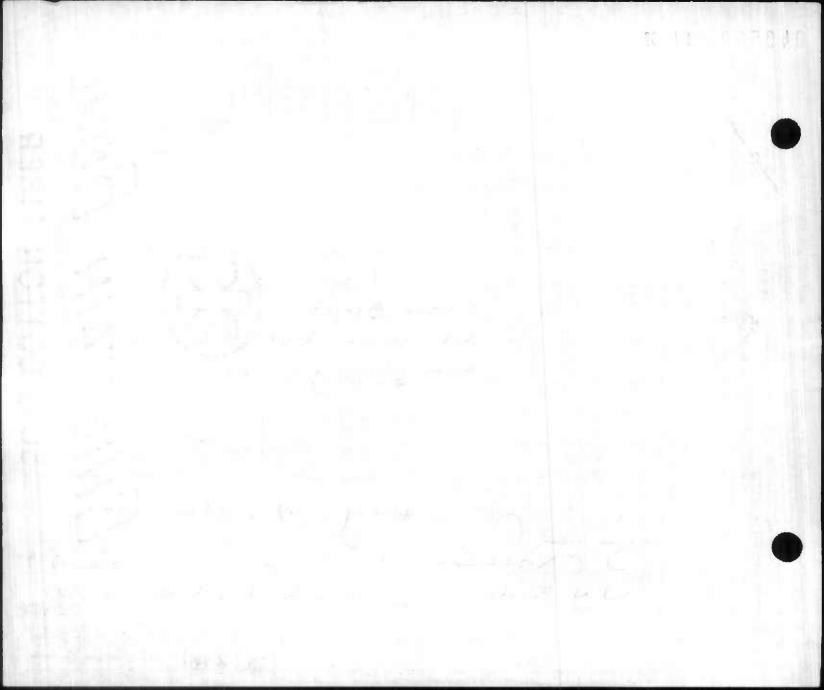
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

CERTIFICATE OF DEATH

)538 JAN	13	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG	IENE 8 / REG. NO.	3 1 2 1
	1. DE	CEASED NAME F	IRS1		MIDDLE		AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
page 3	(TYPE	ORPRINT) BE	ssie	G	race	GOE	TZ	January 4,	1987
0.5	3 SE	X	4	RACE		5 DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24
2/		female			white	Dece	mber 18, 1906	80 ,	MONTHS DATS HOURS
75	_	RTHPLACE (STATE OR FORE	IGN 71		WHAT COUNTRY?		D NEVER MARRIED	9 BALTIMORE CITY OR COU	
		ennsylvania		U.S.		WIDOW		Washing	
		TY OR TOWN OF DEATH	ľ	( IF NOT IN SE	HOSPITAL, NURSIN JCH FACILITY, GIVE STREET BOX 1	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKE  assembler	126 KIND OF BUSINESS INDUSTRY aircraft
	JJSU.	AL RESIDENCE (IF NURSING	HOME OR O	THER INSTITUTION	N GIVE RESIDENCE BEFORE	ADMISSION)			
5		ryland V	lashi	ngton	Clear Sp	ring	YES NO K	Route 2, Box	161 21722
1	14. F/	ATHER'S NAME	84.1	DDLE	LAST		15. MOTHER'S MAIDEN NAM	MIDDLE	LAST.
		Henry	C.	OUL	Wallec	h	Emma	E.	Deck
T	160 V	VAS DECEASED EVER IN		ED FORCES?	-		17. INFORMANT	ADDRESS	Deck
		no	FYES, GIVE V	WAR OR DATES)	220-16-0	373	Mr. Douglas	W. Black, Big	Spring, Maryla
		18 CAUSE OF DEATH I	nter anly	ane cause pe	er line for (a), (b), on	del		15-11-5	BETWEEN ONSET AND DE
				CAUSE (a)_	Cardio	e s	terre	of these agent of	
a c					OR AS A CONSEQUE	NICE OF		1 15-4 A J	
		Conditions, if ony, w	hich	100000	A CONSEQUE	SAC L	troofs sit on	During	758
ather tro		gove rise to immediate couse (o), stating the underlying cause last  DUE TO, OR AS A CONSEQUENCE OF A CONSEQUENCE OF CONSEQUEN							Ų.
ury, or	z	PART 2 OTHER SIGNIF	CANT CO	ONDITIONS C	CONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	inal disease or condition	I GIVEN IN PART 1 a
9	CERTIFICATION	190 DATE OF OPERATIO	N	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	IN CI	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH
§△_	F			CONTRACTOR OF	OF 611110V		The more broken account	YES NO	YES NO
7		210 ACCIDENT WAS UNDERLOR CONTRIBUTING CAU	SE OF DEATH	HOUR A	ofinjury a.m. month da p.m.	YEAR	ZIE HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEA	M 18 PART I OR PART 2}
	MEDICAL	21d INJURY OCCURRED		21e. PLACE	OF INJURY		21f LOCATION		
	M	WHILE NOT WHILE		(AT HOME S	TREET FACTORY, OFFICE F	ARM, ETC }	STREET	CITY OR TOWN	COUNTY STA
		220 1 certify that (I) (th	is hospito	) attended t	he deceased from	20 W	104 1069	to 4 Jan.	19 87 that (1) (we
	- 6			1			nd that in limy (aur) opinion o	deoth accurred on the date and	hour and from the causes state
E		saw the deceased above, (1) (we) (did)	(did nat)	view the bod	y after death				22c. DATE SIGNED
	16	226. SIGNATURE	_	11	0	300	ATTENDING	MEDICAL STAFF	1
				02		4 4	PHYSICIAN &	DIRECTOR PHYSICIAN	550-191
1		22d. PHYSICIAN'S NAMI			-		138 E Aut	istan St H	( un mot so pu
IMPORTANT	23o E	BURIAL, CREMATION, REA		23b. DATE		NAME OF C	EMETERY OR CREMATORY	23d LOCATION	21
		buria1		Jan. 7			awn Mem. Park	Hagerstown.	Wash., Marylan
111	24 FI	UNERAL DIRECTOR			FUNERAL H			REC'D. BY REGISTRAR 256. RE	GISTRAR'S SIGNATURE.
/B4	41.	5 East Wilso						AN 1 2 1987 A	ulia Devider Rondo



042978 FEB

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REG. N	10.		
ATE	OF	DEATH	MONTH	DAY	YEAR

3 : 2

	FOR STATE TREGISTRAR	DEPART		HEALTH AND MENTAL HYG	IENE REG. NO	0 3 !	2 8	
	1 DECEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH	MONTH DAY YEA	R 2b HOUR	-
1	(TYPE OR PRINT) MARY	E. L	1005	SNICKLE		1 26 8	7 2:19	7
1	1 SEX	4 RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTH		EAR IF UNDER 24 HRS	Ė
	female	white	MON	ember 3, 1898	88	YRS.	AYS HOURS MIN.	
4	To BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	2 8		9 BALTIMORE CITY OR		4	-
2	Maryland	USA	WIDOW	D NEVER MARRIED A	Wash	ington	MD	5.
7	10 CITY OR TOWN OF DEATH Hagerstown	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Washington Coun	T ADDRESS)		12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUST	ID OF BUSINESS OR IRY <b>inting</b>	
5	JSUAL RESIDENCE (IF NURSING HOME OR 130. STATE 13b. COUN Maryland Wash:		WN	13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS / 926 Mt. A	ZIP CODE Aetna Road	21740	-
	14. FATHER'S NAME FIRST Caleb H.	MIDDLE LAST Grossnick	cle	15. MOTHER'S MAIDEN NAM Charlotte	ME MIDDLE	Kir	LAST nna	
	160 WAS DECEASED EVER IN U.S. AR		URITY NO.	17 INFORMANT	ADDRES	SS		-
	(YES, NO OR UNKNOWN) (IF YES, GIV	214 09 7	265	Ross Grossni	ickle, Hager	stown, Md	• • •	
2	Conditions, if any, which gove rise to immediate couse (o), stoting the underlying couse last  PART 2. OTHER SIGNIFICANT OF DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEQUENCE OF THE CONDITIONS CONTRIBUTING TO	JENCE OF A	atimicion.	INAL DISEASE OR COND  AUTOPSY?  YES NO	201. IF YES WERE FIN IN CERTIFYING CAU	NDINGS USED	
7	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	41H	DAY YEAR 19 FARM, ETC.)	211. LOCATION STREET	RED (ENTER NATURE OF INJURY			
	sow the deceased alive an obave, (I) (I) (III) (IIII) (IIII) (IIII) (IIIII) (IIIII) (IIIII) (IIIIII) (IIIIIII) (IIIIIIII	or print)  OR PRINT)  MAP 12.5 Hz //	M.D.	27e ADDRESS 239 High	ARDICAL STAFF	171.0 171.0	the couses stated  ATE SIGNED	- 6
	230 BURIAL, CREMATION, REMOVAL (SPECIFY) burial	Jan. 28,1987		nickle Church	Cem. Eller	ton,	Md.	

DHMH - 16 60M 7/84 (VRA 15, 4)

74 FUNERAL HOME
ADDRESS
415 E. Wilson Blvd., Hagerstown, Md. 21740

A NA B O 1987 SISTRAR 256. REGIST PAR'S SIGNATURE



physician and car

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FOR STATE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

REGISTRAR	CERTIF	TEATE OF PEATE	REG. NO.	
POBCEASED NAME FIRST	WIDDIE	LACY	20 DATE OF DEATH MONTH DE	AY YEAR 26 HOUR
Freder	ick Banfield H	HANSON	JANUAN 3	1 1987 7-20Pm
3 SEX	AND	OF BIRTH	6 AGE 1IN YEARS LAST BIRTHDAY)	FUNDER LYEAR IF UNDER 24 HRS
MALE	Unite 10	19 32	54 YRS.	ONTHS DAYS HOURS MIN.
70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
New Jersey	U.S.A. WIDOW	ED DIVORCED	Washington	MD.
Hagerstown	11. NAME OF HOSPITAL, NURSING HOME ( JIE NOT INSUCHFACILITY, GIVE STREET ADDRESS) Washington County H		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  Dealer .	126. KIND OF BUSINESS OR INDUSTRY  Antiques
13a. STATE   13a CO	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) UNTY 13c. CITY OR TOWN Keedysville	13d. INSIDE CITY LIMITS? YES NO X	13e.STREET ADDRESS / ZIP CODE R. D. 1. Box 35	21756
FATHER'S NAME Hilmer	C. Hanson	15 MOTHER'S MAIDEN NA/ Clementi	ME	Laffin
	ARMED FORCES? 166 SOCIAL SECURITY NO. 156-24-9072	Mrs. Dorothy		on Beach
	DUE TO, OR AS A CONSEQUENCE OF  T CONDITIONS CONTRIBUTING TO DEATH BUT  196. CONDITION FOR WHICH OPERATION			N IN PART 1:0
190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	190. CONDITION FOR WHICH OPERATIO	ON WAS PERFORMED		ING CAUSES OF DEATH?
OR COMMENDIANCE CHIEF OF	DEATH HOUR A.M. MONTH DAY YEAR		RED (ENTER NATURE OF INJURY IN ITEM 18 PAI	RT 1 OR PART 2)
GENTINBUTING CAUSE OF	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	71f. LOCATION STREET	CITY OF TOWN	COUNTY STATE
saw the deceased alive obove, (1) (we) (did) (did	not) view the bady after death.	nd that (n (my) four) opinian	death occurred on the date and haur	ond fram the couses stated
72b. SIGNATURE  DWT.	Do Grepa.		MEDICAL STAFF DIRECTOR   PHYSICIAN	2/2/87
DINO J.	DELAPORTAJ MD	703 OA	< Hill Avenue	HAGERSTINA
230. BURIAL, CREMATION, REMOV	Feb.1, 1987 Smithsb	cemetery or crematory crematory	Smithsburg, Was	COUNTY STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or affine TO FUNERAL DIRECTOR. After this certificate has been signed should be detached for use as the burial-transit permit. Then plear with the State Dept. of Health and Mental Hygiene prior to burial.

Davis Funeral Home, Smithsburg, Md.,

Wash., FEB 9 1987 PART 25 PREGISTRATIS SIGNATURE

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and an inves noupling release fortgree vinted sectorists contained

Ma. saeh. seedynville x c. D. 1, sox 15 cly 5

affilms in entrangell norman in the contract of

yes 1950-1955 150-20-9072 are accord a sain, lerico

reserved on the later was a server of the core

Invis summer Mose, withhear, M., 21989 Fits & may

# STATE OF MARYLAND

	DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE	/ REC	<b>0</b>	3	1 .	5 0
E	LAST	2a. DA1	E OF DEAT	н момтн	DAY	YEAR	26 HOUR
е	Marber	130	Jan		13	1987	2:4/0
	5. DATE OF BIRTH	6 AGE	(IN YEARS LA	ST BIRTHDAY)	IF U	DER I YEAR	IF UNDER 24 HRS
	MONTH DAY YEAR	10			MON	HS DAYS	HOURS MIN

REGISTRAR P DECEASED NAME (TYPE OR PRINT) The Ima Mari 3. SEX 4 RACE Female White 1918 68 TO BIRTHPLACE ISTATE OF FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Jefferson W S Washington Co. WIDOWED DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR Washington County Mospital (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Magerstown Telephone Co. Telephone Co. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
130. COUNTY
131. CITY OR TOWN
130. STATE
131. COUNTY
131. CITY OR TOWN
131. CITY OR TOWN
132. CITY OR TOWN
133. CITY OR TOWN
134. CITY OR TOWN
135. CITY OR TOWN
136. CITY OR TOWN
136. CITY OR TOWN
137. CITY OR TOWN
138. washingson Bilestone Garden Apts. Iliamsport 13d INSIDE CITY LIMITS? YES A NO T 15 MOTHER'S MAIDEN NAME

160 WAS DECEASED EVER IN U.S. ARMED FORCES? Redhill (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 24 1245 Martinsburg, W. Va. 2540 Norma Moore APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate cause (a), stating

Mattie

17 INFORMANT

DUE TO, OR AS A CONSEQUENCE OF underlying couse last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT FELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH

HOUR A.M. MONTH DAY YEAR P.M

21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

166 SOCIAL SECURITY NO

211 LOCATION

YES | ? IC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART ?)

> CITY OF TOWN COUNTY STATE

Nicewarner

22a.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on 1974 above, (I) (we) (did) (did nat) view the bady after death. and that in (my) (our) opinion deoth accurred on the date and hour and from the causes stated DEGREE

PHYSICIAN 22e ADDRESS

MEDICAL STAFF DIRECTOR PHYSICIAN

NO

MIOOLE

M.

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

214 INJURY OCCURRED

WHILE

ATTENDING

23a BURIAL CREMATION, REMOVAL Eurial

23c. NAME OF CEMETERY OR CREMATORY Edge Hill Cemetery

23d LOCATION CITY OR TOWN Charles Town

W. Va.

NO I

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR

25a. DATE REC'D, BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

FOR - STATE

14 FATHER'S NAME

Charles

page 3

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DIRECTOR:

FUNERAL

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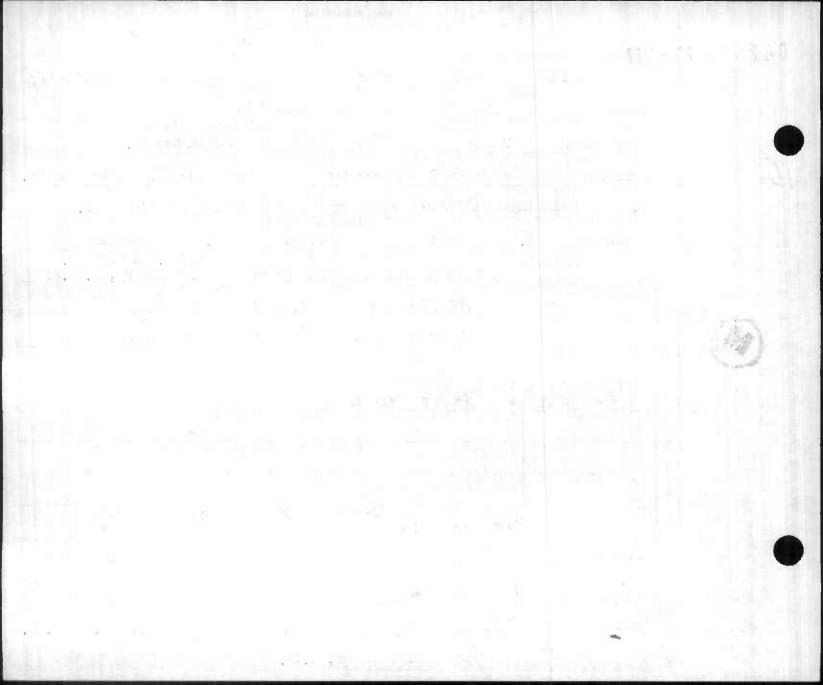
MEDICAL

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Charles Town,

(VRA 15, 4)

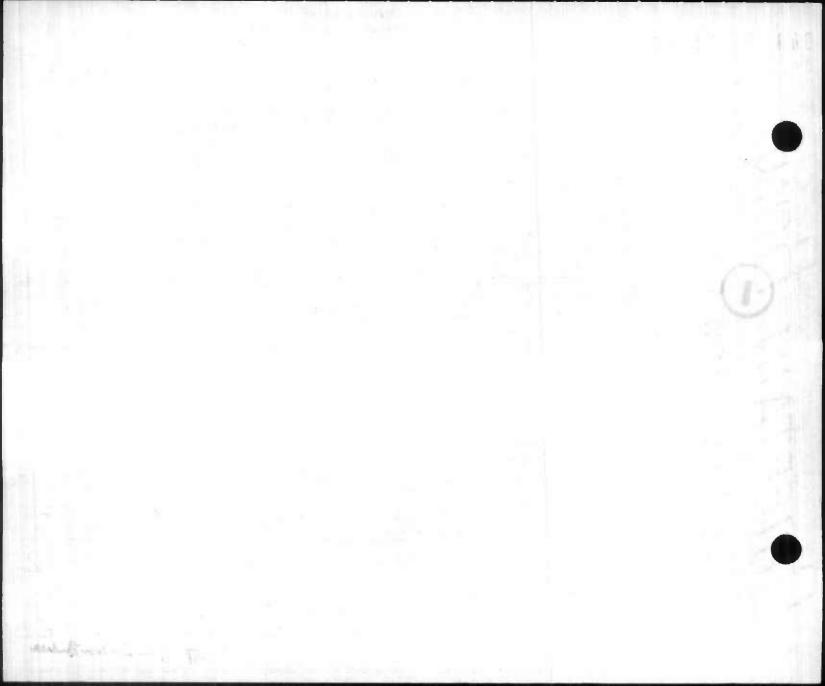
BP.



BP. DHMH-16 30M 2/80 (VRA 15, 4)

51	ATE OF M	ARYLANI	)	
DEPARTMENT C	F HEALTH	AND ME	NTAL H	YGIENE.
CER	TIFICATI	OF DE	HTA	-

2		FOR 7STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG	8 /	<b>0</b>	3 1	3 1
1		CEASED NAME PIRST Nels		Anderw	Har	ash sp.	20 DATE OF DEATH		19817	26 HOUR
	3 SEX		RACE		5. DATE C	OF BIRTH YEAR	6. AGE (IN YEARS LAS		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
4		RTHPLACE (STATE OR FOREIGN )		WHAT COUNTRY?		D NEVER MARRIED	9. BALTIMORE CIT	_	OF DEATH	
1	10 C1		US A		WIDOWE IG HOME ( ADDRESS)	DR OTHER INSTITUTION	WASHING	PATION		F BUSINESS OR
-	USUA	illiamsport	Rt.1 B	lox# 197			Farmer		Agricu	lture
4	130. S Ma	ryland Wash	ington	Williams	N			Box 19	7 217	95
1			l ton	Harsh		15. MOTHER'S MAIDEN NAME FIRST	Gertru	ıde	Mari	
		VAS DECEASED EVER IN U.S. ARA (18 YES, NO OR UNKNOWN) (18 YES, GIVE	MED FORCES? WAR OR DATES)	220-16-		Nelson A. Ha		Rt. 1 B	3ox 277	Wmspt.
		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y one couse per BY: CAUSE (o)	Aplasi	d (c).)	Anemia			BETWEEN C	MATE INTERVAL ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT C	(b) DUE TO, O	R AS A CONSEQUE  R AS A CONSEQUE  DITRIBUTING TO D	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR C	ONDITION GIV	EN IN PART 110	31
2	MEDICAL CERTIFICATION	19a. DATE OF OPERATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDING CAUSES	NGS USED OF DEATH?
	CAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT			YEAR	21c. HOW INJURY OCCURR				
	MEDI	21d. INJURY OCCURRED  WHILE ONOT WHILE AT WORK	21e. PLACE (AT HOME ST	OF INJURY REET, FACTORY, OFFICE, F	ARM ETC )	21f LOCATION STREET	CITY O	DRTOWN	COUNTY	STATE
	+	220.1 certify that (1) (this hospital saw the deceased alive on above (1) for P(did) (did not	12-1	7 19	140 x	nd that in (my) (our) opinion o	death occurred on th	e date and hou	0	that (1) ( <del>we</del> ) last causes stated
		22h Sperial Spe	encer		n &	DEGREE ATTENDING PHYSICIAN		STAFF YSICIAN [	124. DATE	1-87
		Charles C	Spene			1198 Keul	y Ave 1	Hagen	Town	Ml.
	23o B	SURIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
	24 FU	Burial UNERAL DIRECTOR	Jan. 2		eenl	awn Mem. Park	E REC'D. BY REGISTR	RAR 256 REGIST	Wash.	Mapyland
	Ma	ajor M. Osborne		Williamsp	ort,	1D 21795 J	AN 28 198	7 guia	Street Se	4



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rector, page 3 urs after death

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OTAREALT		P	145	A D	THE	AND	ARCAIT	AI

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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١,	0	REGISTRAR	FIRST Eleanor MIDDLE FIRST ELEANOR Helen			ICAIE OF DEATH	REG. N	0.			
		CEASED NAME FIRST E	leanor			AT#AWAY	20 DATE OF DEATH	MONTH	2-87	26 HOUR 2.30	0.,
ı	3 SEX		4. RACE	eren	5. DATE O	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HR	
		Female	Whit	e	Septen	aber 14, 1926	60	YRS	MONTHS DAYS	HOURS MI	N.
1		RTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY		Y OF DEATH		_
J		Ohio	United	States	WIDOW		Washingto	n Cou	intv	,	MD.
7	10 CI	ITY OR TOWN OF DEATH	11. NAME OF			OR OTHER INSTITUTION	12a USUAL OCCUPAT	ON	126. KIND C	OF BUSINESS C	OR
4		lagerstown		gton Coun		ospital	Live-in Compa	nion	Self-en	ployed	
1	130 S	AL RESIDENCE (IF NURSING HOME STATE 136 CO		13c. CITY OR TOWN		134. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP COD	E		
4			ington	Hagersto	wn	YES X NO	112 West F	rank1	in Stre	et /21	740
	14. FA	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	WE		LA!	51	
		Stephen	V.	Lukas		Anna			Ko	chman	
1		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (1F YES, 0	ARMED FORCES?  GIVE WAR OR DATES)	166 SOCIAL SECUR		17 INFORMANT	235 Selden	Avenu	ıe		
1		No		Unavaila	ble	Ann Dinler	Akron, OH	4430	)1		_
		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAUS	anly ane cause per	Vne jar 101, 161, and	101.)	1	10-2-3		BETWEEN	ONSET AND DEAT	Н
			IATE CAUSE (a)	AVDIOR	ESPIR	ATOM HILLE	58				
		Conditions if any which ( ) PLASTZ-DI BRAST CANCER								month	
ı		Conditions, if any, which gave rise to immediate	(b)	Ivierasi	ant	DICKTO	ANCER		6	MACARAL	_
1		cause (a), stating the underlying cause lost	DUE TO, O	R AS A CONSEQUE	NCE OF						
-			( lc)								
	Z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN I								a	
7	ATIC	19a DATE OF OPERATION 19b. CONDITION FOR WHIC				H OPERATION WAS PERFORMED 200 AUTO			S, WERE FIND#		-
	CERTIFICATION						YES NO		FYING CAUSES	NO [	
	CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E		F INJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)		
	CAL	(IF EITHER NOTIFY MEDICAL EXAMIN		M	19						
d	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, FA	RM ETC ]	211. LOCATION STREET	CITY OF TO	WN	COUNTY	STATE	
	<	AT WORK NOT WHILE									
4		220. I certify that (1) (this has		0 0	3 8	19.86	, to	- 2	19 8 7	that (1) (we) lo	ast
4		above, (I) (we) did (did	not view the body	after death		nd that to (my) (our) opinion o	deoth accurred on the d	ate and ho	ur and Iram the	causes stated	
		77L SIGNATURE	7	~		DEGREE			22c. DATE	SIGNED	
		1 Chat	may	5) my		ATTENDING PHYSICIAN	MEDICAL STA	IAN [	173	2/87	
/	747	224 PHYSICIAN'S NAME OF	E OR PRINT]			22e ADDRESS 119	East Antie	tam S	Street		
		Robert J.	Trace, J	r., M. D.		Hag	erstown, M	D 21	740		
	23a 8	BURIAL, CREMATION, REMOVA	AL 23b. DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE	_
	(	Burial	1-5-8	7 Но	ly Cr	coss Cemetery	Akron,	Ohio		STATE	
	24 FL	UNERAL DIRECTOR Kucl	ko-Anthor	y Funeral			E REC'D. BY REGISTRAR			TURE	
	12	23 East Waterlo	oo Road,	Akron,	OH	44319 JAN	6 1987	Miller.	Dender -	Pandallo	

DHMH - 16 60M 7/84 (VRA 15, 4)

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IMPORTANT: If hem

MEDICAL

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I director, page 3 hours after death

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	1

		PINIL	AL 141	MICH	MIN	
DEP	ARTMENT	OF HEA	ALTH	AND	MENTAL	HYGIENE
	CE	RTIFIC	ATE	OF	DEATH	3

REGISTRAR			CERTIFICATE OF DEATH	B REG. NO.	3 ,	1
1. DECEASED NAME	FIRST	MIDDLE	LAST	28. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
(TYPE OR PRINT)	JAMES	WILLIAM	HEFELFINGER	JANUARY 26,	1987	
3. SEX		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
MALE	NO.	WHITE	FEB. 4 04 1908	78 YRS.	MONTHS DAYS	HOURS MIN.
70 BIRTHPLACE 151	ATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 -	9. BALTIMORE CITY OR COUNT	Y OF DEATH	

MARRIED X NEVER MARRIED COUNTRY) ENNSYLVANIA WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION HOT IN SUCH FACILITY, GIVE STREET ADDRESS)

126. KIND OF BUSINESS FAIRCHILD (TXBE OF WORK FOR MOST OF WORKING LIFE) OOL ING

HAGENSTOWN		1210	• 101	UNAC	OTIVELI	TOOLING	. ITATICHTED
WOUAL RESIDENCE (IF NURS	ING HOME OR OTHER IN	ISTITUTION GIVE	RESIDENCE BEFOR	E ADMISSION)			1,-11
13a. STATE	13b COUNTY	13c.	CITY OR TOV	VN	134 INSIDE CITY LIMITS?	13e, STREET ADDRESS_/ ZIP	CODE & / / 7/
MARYLAND	WASHIN	GTON	HAGER	STOWN	YES X NO	434 S. POT	OMAC STREET
14. FATHER'S NAME	1 - 14				15. MOTHER'S MAIDEN NA	ME	
EARL	C .	HEFE	LFING	ER	STELLA	WIDDLE	JACOBS

STELLA EARL HEFELFINGER 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)

MARY HEFELFINGER SAME

	ly one couse per line for (a), (b), and (c). 1. DBY: ECAUSE (a) letters car ceroma of less	4	BETWEEN ONSET AND DEATH  8 months
	DUE TO, OR AS A CONSEQUENCE OF	0	
Conditions, if any, which gave rise to immediate	(b)		
couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF		والمراكع أقطي
- 1.	onditions CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER		
190. DATE OF OPERATION	19h, CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY?  YES NO NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY 21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I OR PART 2)

Alpi	incorre or les	is selected and	Lovante	dor a	Upione	
190. DATE OF OPERATION	196 CONDITION FOR WHICH		20a AUT	OPSY?	20b. IF YES, WERE FII IN CERTIFYING CAL	
			YES 🗌	NO	YES 🗌	NO 🖺
Can accompany and a suppression of	AN THAT OF BUILDY	11. HOW BUILDY OCCU	0050 /			

210. ACCIDENT WAS UNDERLYING 1716. TIME OF INJURY It. HOW INJURY OCCURRED (FENTER NATURE OF INJURY IN ITEM 18. YEAR HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH P.M LIFETHER, NOTIFY MEDICAL EXAMINER

21e PLACE OF INJURY 214 INJURY OCCURRED 21f. LOCATION COUNTY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive as above (1) (we) (did) (aid not) view the bady after death and that in (my) tour) opinion death occurred on the date and hour and from the causes stated

22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN TO DIRECTOR PHYSICIAN 1/20187

224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

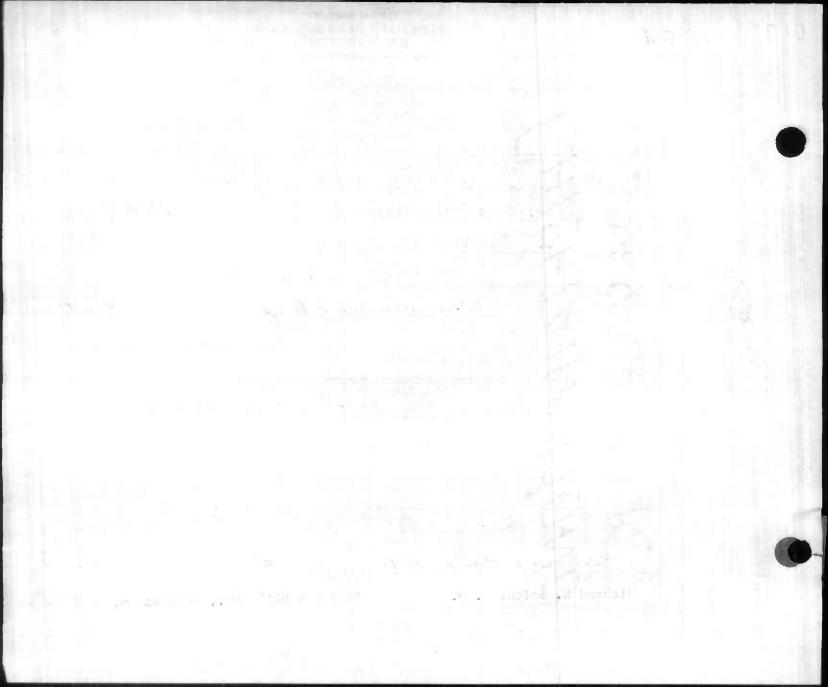
Richard E. Smith, M. D.

STATE

230 BURIAL, CREMATION, REMOVAL 23b DATE (SPECIFY) BURIAL 1-29-87 HAGERSTOWN CEMETERY MD.

24 FUNERAL DIRECTOR MINNICH

DHMH - 16 60M 7/B4 (VRA 15, 4)



			8a, &22a, FOR Med. Ex.	G-624	, 2/4 j.	/87, DEPARTA	bystan	TE OF MA	ARYLAN AND MI	ND ENTAL HY	GIENE		0 7	1 4	£ 2.3
0477	5 2 JA	100	STATE REGISTRAR				XAMIN					REG	J S	1 0	
			CEASED NAME	FIRST		WIGDLE		L	ST			ATE KNOWN			YEAR 26 HOUR
ASE	JRS. LES.		W	lliam		P.			udsor		DE	ATH MATED			87
RY, PLE	DIRECT OUR FIL ON STRI	3 SE)	Male White	MON	TE OF BIRTH	44	42 YR	(Y) MONTHS		IF UNDER 2	MIN PROP	DATE NOUNCED DEAD	MONTH		9 87 3:40
ECESSA	2. AND 31 OTHE FUNEAL DIRECTOR. 13. RETAIN PAGE 5 FOR YOUR FILES. 25.HOULD BE FILED, WITHIN 72 HOURS. AR RECORDS ON W. PRESTON STREET,		RTHPLACE (STATE OR REIGN COUNTRY)	7b CI	U.S.A		TRY?	MARRIEI WIDOWE		VER MARRIE	밀	ashing	_	NTY OF DEA	
Y IS N	PAGE 5	10 CI	TY OR TOWN OF DEATH		AME OF HOS	CILITY, GIVE STE	REET ADORESS)	, OR OTHER	RINSTITU		12a USUAL C		(TYPE OF WORK	17b KIND	OF BUSINESS NDUSTRY
DEL	S S S S		agerstown	G HOME OR OTHER	Rt.	. 40 E	east_	ON)		1.	Sa.	res		Ma Cal	ctech
21201 F ANY	S S S S S S S S S S S S S S S S S S S	13a S	Maryland 13b	Balto.		13c. CITY	ortown nervil	1:	3d. INSIDE (I YES 🗌	NO 🔼	13e STREET A	DDRESS	Dr.	21	1093
·	PW 3	5	ATHER'S NAME FIRST Wesley	MIDDI	LE		ast nniste:	201	F	ER'S MAIDEN	INAME	MIDDLE		LAS	51
BALTIMORE,	B. GIVE PAGES 1, WITH FORM PM T. PAGES LAND DIVISION OF VIT	160 V	VAS DECEASED EVER IN (IF	J.S. ARMED FO	DRCES?	16b. SOCI	IAL SECURITY	NO.	7. INFORM	<u>Cather</u>	ine	ADDR	RESS	Hudson	a
BAL	ITEM 18. GIVE ONG WITH FO PERMIT. PAGE SIENE, DIVISIO VAL.		NO 18. CAUSE OF DEATH (8				4-2714	4	Mrs	. Vio	et Hu	dson	S	ame ar	n 13e
RECORDS, 201 W. PRESTON, ST.,	ACL IN TEM TONG IN THE ALONG IN THE ALONG IN THE ANSIT PERMIT	NO	Canditions, if any, gave rise to imm cause (a) stating the lying cause lost.  PART 2 OTHER SIGNIFICANT CO	which nediate under-	DUE TO, OR  (b)  DUE TO, OR  (c)  UTING TO DEATH I	AS A CONS	SEQUENCE C	)F	R CONDITION	N GIVEN IN PART	1 (a).				
	A SEPA	CERTIFICATION	190. DATE OF OPERATIO	N	19b. CONDIT	ION FOR W	HICH OPER	ATION WA	S PERFOR	MED?				20 AUT	
DIVISION OF VITA	SHOULD BE USE SHOULD BE USE PARTMENT OF H BLOR TO BUREAL		21a. EXTERNAL CAUSE V UNDERLYING OR CONTRIBUTING CAU		21b. TIME OF HOUR A.M.	, MONTH	DAY YEAR	21c. HOV	W INJURY	OCCURRED	(ENTER NATURE	OF INJURY IN ITE	M 18 PART I OR P		NO 🗆
DIVISIO HIS CERTI	WRITING VARDED 1 AGE 3 SH ATE DEPA	MEDICAL	21d INJURY OCCURRED WHILE NOT WHAT WORK AT WORK	P. Legis	21e PLACE C		(AT HOME,	211 LOCA STR		5	CITY	OR TOWN	C	OUNTY	STATE
O MEDICAL EXAMINER: T	SACCULE HE CATHROATE, PACE A SHOULD BE FORM TO FUNERAL DIRECTOR, P AFTER DEATH, WITH THE ST BACTIMORE, MARYLAND, 2	7	THE CHILDREN	Notural caus	M. Za	ne, M	.D. Suid	M.D	Hamic TITLE (SI ASSI	istant 111 Pe	Undetermini _MEDICAL	examiner		1-2	
21	IFIE	230. Bt	JRIAL, CREMATION, REMO				AME OF CEN			DRY	23d LOCATI	ON	COI	UNTY	STATE
07/84 BI 25M	7/2	24 FI	Burial JNERAL DIRECTOR	1/27	7/87	Du	laney	Valle	У	750 DATE PE	Timor	STRAR 256 R	FGISTRA B	1150	Md.
	DHMH - 17		NAME Ruck Towson	Funeral	ADDRESS		1050	21 Vord	1204	JAN 2	8 1987		Divida		atil.

all at out on the second and a second at the second THE PARTY OF THE PARTY AND ASSESSMENT OF THE a week to see Surper 1 'or a fact. Land tor a line. 042333

neral director, page 3 n 72 hours after death

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	8

			SIAI	E UF MAKILANU				
J.	FOR STATE			EALTH AND MENTAL HYO	GIENE	0 3	1 0	5 3
30	REGISTRAR		CERTIF	ICAIL OF DEATH	REG. N	O.		
	CEASED NAME FIRE	ST All	DDLE	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
( IAb)	E-OR PRINT)	nna 1		Hund		01 17	97	
-			<u> </u>	Hura			01	M
3 SE	×	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY] IF UNI	DER I YEAR	IF UNDER 24 HRS
1	1	(Au	casian 01	27 09	77		DATS	HOURS MIN.
7n B	IRTHPLACE (STATE OR FOREIG			01 01	9 BALTIMORE CITY O	YRS.	EATH	
	COUNTRY)	11 11	MARRIE	D NEVER MARRIED	/ / /	K COOM TO B	1	
	Maryland	11.5.	WIDOWE	DIX DIVORCED	Washing	aton (	0.	MD.
10. C	ITY OR TOWN OF DEATH		DSPITAL, NURSING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ON 12		F BUSINESS OR
	boursehun	UF NOT IN SUCH	FACILITY, GIVE STREET ADDRESS	11	(TYPE OF WORK FOR MOST C	F WORKING LIFE   IN	DUSTRY	
11	Uger STOWN	Washing	ton county	NOSP. Tal	SALES	<u> </u>	RETA	
13a.:	ALRESIDENCE (IF NURSING HO		IVE RESIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7IP CODE		
9	Md.	Wash	Hagerstown	YES TY NO	120 6.	1	4.10	21740
14 E	ATHER'S NAME	140001.	Fragersiours	15. MOTHER'S MAIDEN NA	ME Taira	DUNE	· VC	03/140
	FIRST	MIDDLE	LAST	FIRST	_MIDDIE		LAST	
-	LLMER	CALVIN	WILLIAMS	SALLIE	ELLA		BYER	RS
16a \	WAS DECEASED EVER IN U.	S. ARMED FORCES?	66 SOCIAL SECURITY NO.	17 INFORMANT	HAGERS	YOWN, ME		
1		ES, GIVE WAR OR DATES)	010 2/ 1010	N-LOON T I				C-
	No		10-06-Wal	NELSON E.	ARTMAN SR.	36 ELIZA		21.
	18 CAUSE OF DEATH (En	ter only one couse per برا	ge for (o), (b), and (c)	1	0		APPROXIVE BETWEEN O	MATE INTERVAL INSET AND DEATH
	PART I. DEATH WAS C		andin Puls	nonary A1	roct			
	IMM	EDIATE CAUSE (o)	- 0	1	4.31			
		DUE TO, OR	A A CONSEQUENCE OF	Aca. Via O	adia las	d 1-		
	Conditions, if ony, while	ch ( (b)	parase	whom c	andio Vas	ullan		
	gove rise to immedio		Ducha	•				
	couse (a), stating to		AS A CONSEQUENCE OF	- M. O.	1.1.			
-		( (c)	marel	5 Milke	utus			
	PART 2 OTHER SIGNIFIC	ANT CONDITIONS CON	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN	PART No	
Z								
TA	190 DATE OF OPERATION	10k CONDIT	ION FOR WHICH OPERATIO	NI WAS DEDECTARED	20a AUTOPSY?	206. IF YES, WEI	DE EINIDIN	CSUSED
0	THE DATE OF GLERATION	170. CONDIT	ON TOR WITHOUT OF ERATIO	IN WAS FERI ORMED	200 AUTOF51:	IN CERTIFYING	CAUSES	OF DEATH?
E		A 17 TO 11			YES NO	YES		NO 🗌
CERTIFICATION	210. ACCIDENT WAS UNDERLYIN			21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM TO PART I C	OR PART 2)	
	OR CONTRIBUTING CAUSE	OF DEATH HOUR A.M	MONTH DAY YEAR					
MEDICAL	(IF EITHER NOTIFY MEDICAL EX							
2	21d INJURY OCCURRED	21e. PLACE O	F INJURY IT, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	wn c	OUNTY	STATE
Σ	AT WORK NOT WHILE	] [AT HOME STREET	I, FACTORY, OFFICE, FARM ETC.)	JILLET				
	220.1 certify that (1) (this				, to	. 19		that (I) (we) last
	sow the deceased ali	ve on did not) view the body o	tter death or	nd that in (my) (our) opinion	death occurred on the de	ote and hour and	from the c	ouses stated
	22b. SIGNATURE			DEGREE			TE DATE S	SIGNED
	13	200.	-Mirs	ATTENDING	MEDICAL STAT	F _	1/17	1/67
	11.1.	1		PHYSICIAN [		IAN 🗌	1111	10/
	228. PHYSICIAN'S NAME	TYPE OR PRINT		22e ADDRESS		-1	1	
00			Loi mana		7			
	BURIAL, CREMATION, REMO			EMETERY OR CREMATORY	23d. LOCATION	1 1000	INTY -	STATE
	RURTAL	11-20-87	I KOSE HI	II CEMETERY	HACEDSTO	MAN MAC	ALL P	Mp

DHMH - 16 60M 7/84

retained by the hospital or TO HOSPITAL OR

BP.

should be detoched for use as the burial-tronsit permit. Then p with the State Dept. of Health and Mental Hygiene prior to bur TO FUNERAL DIRECTOR: After this certificate has bee

or Item 18 sh

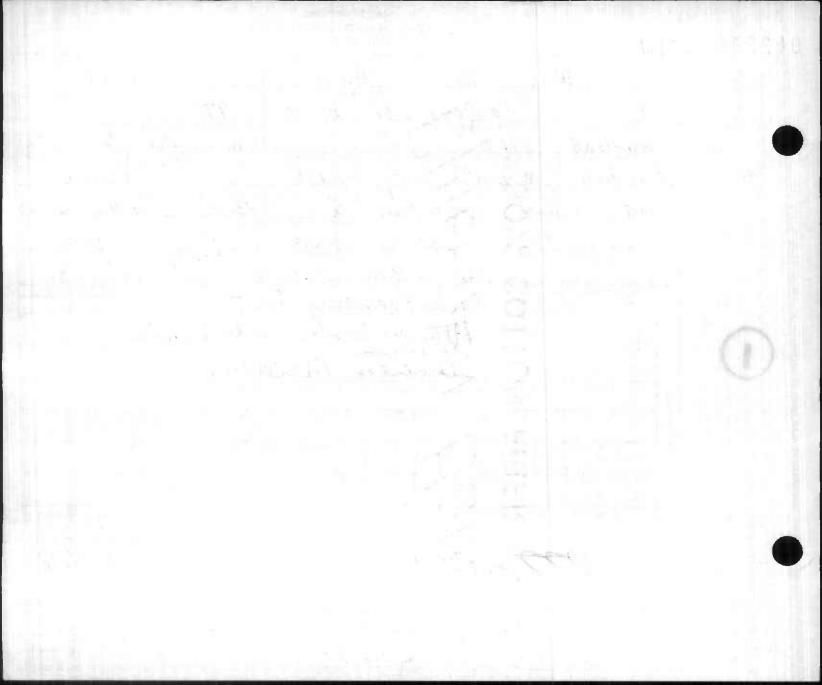
IMPORTANT: If them 21 is morked

24 FUNERAL DIRECTOR

GERALD N. MINNICH (VRA 15, 4)

305 N. POTOMAC ST.
HAGERSTOWN, MARYLAND

BY REGISTRAR 256. REGISTRAR'S SIGNATURE 25a. DATE REC'D.



injury, ar ather traumati

IMPORTANT: If them 21 is marked ar them 18 sha

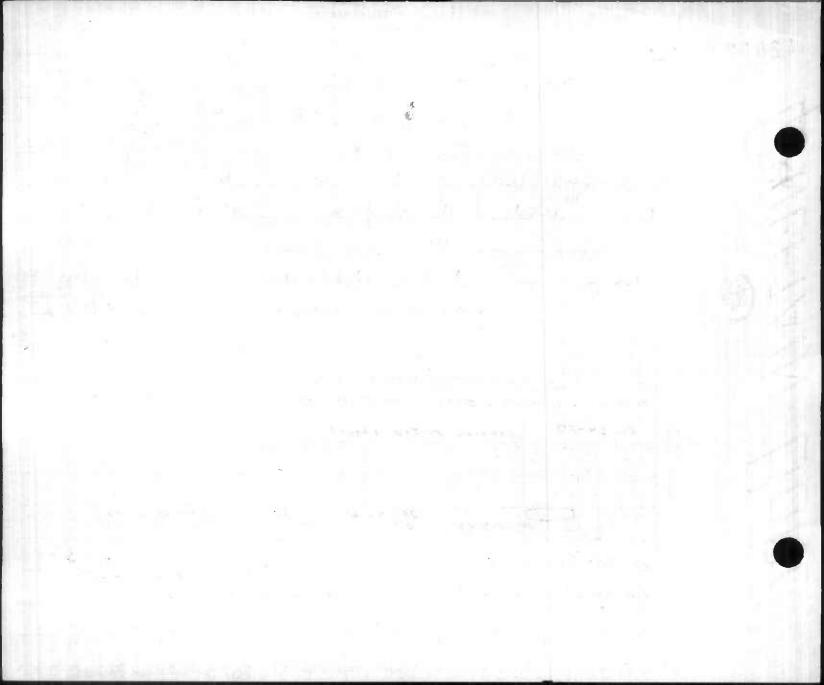
# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-	8	1	REG.	NO.	3	3	
0	DATE	OF	DEATH	MONTH	DAY	YEAR	26 HOU
				NI	-25	07	04

	1-	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	IENE / REG. I	0	3 1	,5 0
-		GEASED NAME FIRST	Lee	DIE		AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
		ORPRINT) Heler	ree	L	10	nes	THE DAIL OF BLAIN	01	25 8	7 840 M
	3 SEX	4	RACE		5. DATE C		6 AGE   IN YEARS LAST B	RTHDAY)	IF UNDER 1 YE	
		F	W		DQ	12 21	65	YRS	MONTHS DA	S HOURS MIN.
		RTHPLACE (STATE OR FOREIGN 7)	CITIZEN OF WH	HAT COUNTRY	? 8.	D NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DEATH	1
		1D.Va.	U.	2′	WIDOWE		Wa	shin	oton (	Lounty Mo
	10. CI	TY OR TOWN OF DEATH	1. NAME OF HO	SPITAL, NURS		OR OTHER INSTITUTION	120 USUAL OCCUPA	TION -	126 KIND	OF BUSINESS OR
1	4	agerstown	Wash	ACILITY, GIVE STREET	Cou	nty Hosp.	(TYPE OF WORK FOR MOST	OF WORKING	LIFE) INDUST	
	130. S	AL RESHDENCE (IF NURSING HOME OR O	Y 13	VE RESIDENCE BEFO	WN .	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ 7IP COI	OF C	さいて
d		md 1De	25h.	Hass		YES NO	242 N	Pot		St.
	14. FA	THER'S NAME		1103		15 MOTHER'S MAIDEN NAM		1010	JIII CAL	
έI			DDLE	TT - J		FIRST 1	MIDDLE			LAST
		Bernard		Hedges		Martha	D.			Brown
		VAS DECEASED EVER IN U.S. ARM	ED FORCES? 16	66 SOCIAL SEC	URITY NO.	17. INFORMANT	ADDI	RESS		1
1	1.	014	THE STREET	Non	4.	James In	es Tix	ners	lone	Has my
1		LA CANCE OF BEATH S		1001		V-11-00-1				OXIMATE WITERVAL
-		PART I. DEATH WAS CAUSED	BY:	ouse per line for (a), (b), and (c).1						OXIMATE WITERVAL
- 1		IMMEDIATE	CAUSE (a) CE	KEBRO-V	MECLAR	ACCIDENT, MI	ISSIVE		21	PXS
- 1										
			DUE TO OR A	S A CONSEOL	HENCE OF					
		Conditions if any which	1	AS A CONSEQU	UENCE OF					
		Conditions, if any, which gave rise to immediate	DUE TO, OR A	AS A CONSEQU	UENCE OF	Miles		- 6		
		gave rise to immediate couse (a), stating the	(b)	AS A CONSEQU						
		gave rise to immediate	(b)							
		gave rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR A	AS A CONSEQU	UENCE OF					lia-
	NO	gave rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR A	AS A CONSEQU	UENCE OF					
	ATION	gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR A	AS A CONSEQUITRIBUTING TO	DEATH BUT		" FEMORIA	ב אורם	ns Empl	14/
7	FICATION	gave rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CO  DIABETES MECLITE  19a DATE OF OPERATION	DUE TO, OR A  (c)  DIDITIONS CON  (JS, 73 PE II  196 CONDITION	AS A CONSEQUITION TO THE STATE OF THE STATE	DEATH BUT	N WAS PERFORMED	200 AUTOPSY?	20b. IF Y	ES, WERE FIN	14/
7	RTIFICATION	gave rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CO  DIABETES METLITE  190 DATE OF OPERATION  01-24-87	DUE TO, OR A  CO  CONDITIONS CON  CONDITIONS CON  TO CONDITION  FEMORE	AS A CONSEQUENT TO THE TOTAL ON FOR WHICH	DEATH BUT	MAS PERFORMED  MASO L	200 AUTOPSY? YES NO	20b. IF Y IN CERT	ES, WERE FIN TIFYING CAUS YES	DINGS USED ES OF DEATH? NO
2	CERTIFICATION	gave rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CO  DIABETES METLITO  190 DATE OF OPERATION  OL 2 4 - 87  210. ACCIDENT WAS UNDERLYING	DUE TO, OR A  CO  DIDITIONS CON  S, T3 PE I  196 CONDITION  FEMORE  216 TIME OF II	AS A CONSEQUENT ON FOR WHICH ANTE	DEATH BUT  MYSCA  H OPERATION	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF Y IN CERT	ES, WERE FIN TIFYING CAUS YES	DINGS USED ES OF DEATH? NO
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7	MEDICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT CO  DIABETES MECLITO  190 DATE OF OPERATION  OL 2 4 - 8 7  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATE  (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	DUE TO, OR A  (c)  DIDITIONS CON  (J), T3 PE II  196 CONDITION  FEMORA  216. TIME OF II  HOUR A.M.  P.M.  216. PLACE OF	TRIBUTING TO	DEATH BUT  MYSCA  H OPERATION  MY SCA  DAY YEAR  19	MAS PERFORMED  MASO L	200 AUTOPSY? YES NO	206. IF Y IN CERT	ES, WERE FIN TIFYING CAUS YES	DINGS USED ES OF DEATH? NO
7		gave rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CO  DIABETS MELLITE  190 DATE OF OPERATION  OL - Z 4 - 87  210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  (IF ETHER NOTEY MEDICAL EXAMINER)  210. INJURY OCCURRED  WHILE NOTEY MEDICAL EXAMINER  AT WORK NOTEY MEDICAL EXAMINER	DUE TO, OR A  (c)  DODITIONS CON  196 CONDITION  216. TIME OF II  HOUR A.M. P.M.  216. PLACE OF  (AT HOME STREET	AS A CONSEQUENT OF FOR WHICH AND THE MARKET MONTH (	DEATH BUT DEATH BUT HOPERATION DAY YEAR 19 LFARM EIC	N WAS PERFORMED  ***BO L/    21c HOW INJURY OCCURR    211 LOCATION   STREET	200 AUTOPSY? YES NO DED (ENTER NATURE OF IN.	206. IF Y IN CERT	ES, WERE FIN TIFYING CAUS YES B B PART I OR PART :	DINGS USED ES OF DEATH? NO
7		gave rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CO  DIABETS MELLITE  190 DATE OF OPERATION  OL 2 4 - 8 7  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  (IF ETIMER NOTEY MEDICAL EXAMINER)  210. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (1) This hospital	DUE TO, OR A  (c)  DIDITIONS CON  15, 73 PE II  196 CONDITION  216. TIME OF II  HOUR A.M. P.M.  21e PLACE OF  (AT HOME STREET	AS A CONSEQUENT OF FICE OF THE PROPERTY OF T	DEATH BUT  DEATH BUT  HOPERATION  DAY YEAR  19  FARM EIC)  THOURKS	N WAS PERFORMED  NO WAS PERFORMED  1210 HOW INJURY OCCURR  1211 LOCATION  STREET  1987	200 AUTOPSY? YES NO ED  CITY OR I	20b. IF Y IN CERT URY IN ITEM 18	ES, WERE FINITIFY ING CAUS YES B PART LOR PART: COUNTY	DINGS USED ES OF DEATH? NO STATE
7		gave rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CO  DIABETS MELLITE  190 DATE OF OPERATION  OL 2 4 - 8 7  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  (IF ETIMER NOTEY MEDICAL EXAMINER)  210. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (1) This hospital	DUE TO, OR A  (c)  DIDITIONS CON  15, 73 PE II  196 CONDITION  216. TIME OF II  HOUR A.M. P.M.  21e PLACE OF  (AT HOME STREET	AS A CONSEQUENT OF FICE OF THE PROPERTY OF T	DEATH BUT  DEATH BUT  HOPERATION  DAY YEAR  19  FARM EIC)  THOURKS	N WAS PERFORMED  NO WAS PERFORMED  1210 HOW INJURY OCCURR  1211 LOCATION  STREET  1987	200 AUTOPSY? YES NO ED  CITY OR I	20b. IF Y IN CERT URY IN ITEM 18	ES, WERE FINITIFY ING CAUS YES BARLLOR PART: COUNTY	DINGS USED ES OF DEATH? NO STATE
2		gave rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CO  DIABETS MELLITE  190 DATE OF OPERATION  OL - Z 4 - 87  210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  (IF ETHER NOTEY MEDICAL EXAMINER)  210. INJURY OCCURRED  WHILE NOTEY MEDICAL EXAMINER  AT WORK NOTEY MEDICAL EXAMINER	DUE TO, OR A  (c)  DIDITIONS CON  15, 73 PE II  196 CONDITION  216. TIME OF II  HOUR A.M. P.M.  21e PLACE OF  (AT HOME STREET	AS A CONSEQUENT OF FICE OF THE PROPERTY OF T	DEATH BUT  MYSCA  HOPERATION  DAY YEAR  19  FARM EIC)  TEWLARS	N WAS PERFORMED  WESO L  21t HOW INJURY OCCURR  21t LOCATION STREET  24 19 87  and that in (my) (will apinion of	200 AUTOPSY? YES NO ED  CITY OR I	20b. IF Y IN CERT URY IN ITEM 18	ES, WERE FIN TIFYING CAUS YES B PART I OR PART : COUNTY	DINGS USED ES OF DEATH? NO  STATE
7		gave rise to immediate couse (01), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CO  DIABETS METLIT  190 DATE OF OPERATION  OL 2 4 - 8-7  710. ACCIDENT WAS UNDERLYING OR COMINIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  710 INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINER  270. I certify that (1) this hospital sow the deceased alive on a obove, (1) well did (1) did in the course.	DUE TO, OR A  (c)  DIDITIONS CON  15, 73 PE II  196 CONDITION  216. TIME OF II  HOUR A.M. P.M.  21e PLACE OF  (AT HOME STREET	AS A CONSEQUENT OF FICE OF THE PROPERTY OF T	DEATH BUT  MYSCA  HOPERATION  DAY YEAR  19  FARM EIC)  TEWLARS	N WAS PERFORMED  ***BO L    21a HOW INJURY OCCURR  211 LOCATION STREET  19 87  and that in (my) icui) apinion occurred	200 AUTOPSY? YES NO DED (ENTER NATURE OF IN. CITY OR I	206. IF Y IN CERT	ES, WERE FIN TIFYING CAUS YES COUNTY  COUNTY  19 8 2 220 DA	DINGS USED ES OF DEATH? NO  STATE  -, that (I)
2		gave rise to immediate couse (01), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CO  DIABETS MELLITE  190 DATE OF OPERATION  OL - Z 4 - 8 7  710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  (IF ETHER NOTIFY MEDICAL EXAMINER)  710 INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINER  270.1 certify that (1) this hospital sow the deceased glive on above, (1) (well did) (did not)  726. SIGNATURE	DUE TO, OR A  Ic)  ONDITIONS CON  IS, T3 PE II  196 CONDITION  FETH O M  ZIB. TIME OF II HOUR A.M. P.M.  ZIB. PLACE OF IAT HOME STREET  OTHER OF II  OTHER OTHER OTHER  OTHER OTHER  OTHER OTHER OTHER  OTHER OTHER OTHER  OTHER OTHER OTHER  OTHER OTHER OTHER  OTHER OTHER OTHER  OTHER OTHER OTHER  OTHER OTHER OTHER  OTHER OTHER OTHER  OTHER OTHER OTHER OTHER  OTHER OTHER OTHER OTHER  OTHER OTHER OTHER OTHER  OTHER OTHER OTHER OTHER  OTHER OTHER OTHER OTHER  OTHER OTHER OTHER OTHER  OTHER OTHER OTHER  OTHER OTHER OTHER OTHER  OTHER OTHER OTHER OTHER  OTHER OTHER  OTHER OTHER OTHER OTHER  OTHER OTHER OTHER OTHER  OTHER OTHER OTHER OTHER  OTHER OTHER OTHER OTHER  OTHER OTHER OTHER OTHER  OTHER OTHER OTHER OTHER OTHER OTHER  OTHER OTHER OTHER OTHER OTHER  OTHER OTHE	AS A CONSEQUENT OF FICE OF THE PROPERTY OF T	DEATH BUT  MYSCA  HOPERATION  DAY YEAR  19  FARM EIC)  TEWLARS	N WAS PERFORMED  216 HOW INJURY OCCURR  211 LOCATION STREET  24 19 27 and that in (my) (607) apinion of DEGREE  ATTENDING PHYSICIAN	200 AUTOPSY? YES NO DEED (ENTER NATURE OF IN.  CITY OR I	20b IF Y IN CERT	ES, WERE FIN TIFYING CAUS YES   COUNTY  19 8 2  aur and Iram 1	DINGS USED ES OF DEATH? NO  STATE
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7	WEDICAL WEDICAL	Gave rise to immediate couse (01), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CO  DIABETS METLIT  190 DATE OF OPERATION  OL 2 4 - 8.7  710. ACCIDENT WAS UNDERLYING OR COMERBUTING AUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  716 INJURY OCCURRED  WHILE AT WORK  720. I certify that (1) this hospital sow the deceased alive on a obove, (1) well did (id not)  726. SIGNATURE  324 PHYSICIAN'S NAME (TYPE OR ID)  326 PHYSICIAN'S NAME (TYPE OR ID)  18 PHYSICIAN'S NAME (TYPE OR ID)  19 URIAL, CREMATION, REMOVAL  SPECIFY)	DUE TO, OR A  Ic)  ONDITIONS CON  IS, T3 PE D  196 CONDITIC  FEMORE  216. TIME OF II HOUR A.M. 21e PLACE OF IAT HOME STREET  Outlended the company of the body of the body of the body of the company of the body of the company of the body of the body of the body of the company of the body of the	AS A CONSEQUENT AS A CONSEQUEN	DEATH BUT  HOPERATION  DAY YEAR  19  FARM ETC)  NAME OF C	N WAS PERFORMED  N WAS PERFORMED  216 HOW INJURY OCCURR  211 LOCATION STREET  214 19 \$7  and that in (my) i will apinion of the physician will be physician	200 AUTOPSY? YES NO DED (ENTER NATURE OF IN.  CITY OR I  to THE UAP  eath occurred on the I  DIRECTOR PHYS  ENST HA  WALL OCCUPATION  CITY OR TOWN  13d LOCATION  CITY OR TOWN  17d LOCATION  CITY OR TOWN  17d LOCATION  CITY OR TOWN	206 IF Y IN CERT IN CE	ES, WERE FIN TIFYING CAUS YES   COUNTY  22c DA  27c DA  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY	DINGS USED ES OF DEATH? NO  STATE  -, that (I) loss he causes stated TE SIGNED -28.7

DHMH - 16 60M 7/84 (VRA 15, 4)



# DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

ector, page

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 13 CERTIFICATE OF DEATH

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S NO					

FOR STATE REGISTRA	2		DEPARTN		EALTH AND MENTAL HYG ICATE OF DEATH	8 /-	0	3 1	5/
DECEASED NA	ME FIRST		WIDOLE	i	AST	20. DATE OF DEATI	H MONTH	OAY YEAR	2b. HOUR
O(FIFE OR PRINT)	Charle	es	Richard	KE	CLLEY, Sr.	Januar	y 17,	1987	
3 SEX		4 RACE		5. DATE C		6. AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER 1 YEAR	
Mai	Le	Whi	.te	July	1, 1913	73	YR	MONTHS DAYS	HOURS
€ BIRTHPLACE	( STATE OR FOREIGN	7b. CITIZEN OF	WHAT COUNTRY?	8.	D 🗷 NEVER MARRIED	9. BALTIMORE CIT			
Mary	Land	US	A	WIDOWE		WASHING	TON		
Hagers		(IF NOT IN SUC	HOSPITAL, NURSING THE ACHIEVE A COUNTY OF COU	ACCRESS)	or other institution  Iospital	120 USUAL OCCUP		GUFE) INDUSTRY	OF BUSINESS Curity
USUAL RESIDENCE 130. STATE Maryland	13b. COUN		GIVE RESIDENCE BEFORE 13t. CITY OR TOWN Hagersto	N	13d INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDRE Rt. 2 Bx	SS / ZIP CO # 1058	ODE Apt.80	2 2174
14. FATHER'S NAA FIRST		WIDGIE	Kelley	,	15 MOTHER'S MAIDEN NA FIRST	MIDDI		U	721
16a. WAS DECEAS (YES, NO OR UNK YES		MED FORCES? VE WAR OR DATES) VIII	219-20-4		17 INFORMANT S.Marie Kell		m 13 a	above)	
gove rise	to immediate to stoting the cause lost.	(b)_	R AS A CONSEQUE	1401	Chronic &	lung Dr	Jear	<	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN								(0)
THE CATE OF THE CA	19a DATE OF OPERATION 19b.		196. CONDITION FOR WHICH OPERATION WAS PERFORM		N WAS PERFORMED	20a AUTOPSY?	IN CE	YES, WERE FIND RTIFYING CAUSE YES	
00 000 17010	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19		21c HOW INJURY OCCURRED (ENTER NATURE OF		INJURY IN ITEM	18 PART 1 OR PART 2)	n I
WHILE AT WORK	21d. INJURY OCCURRED  WHILE NOT WHILE (AT HOME, S			ARM, ETC )	21f. LOCATION STREET	CITYC	OR TOWN	COUNTY	STATI
sow th obove, 22b. SIGNA	e deceased alive an (1) (we) (did) (did no	1) view the body	rolter death.		, 19	death occurred on the	STAFF YSICIAN	hour and from th	that (It (we) e couses stated
	- 1	101100	0 .4		11610 04.	- 11.d/ A	1/1= 1-	LA CACT	- · · · · · · · · · · · · · · · · · · ·
AB!	DUL h	MITTELL	D MD		EMETERY OR CREMATORY	1711	VE.11	MYRKING	JAN.

DHMH - 16 60M 7/B4 (VRA 15, 4)

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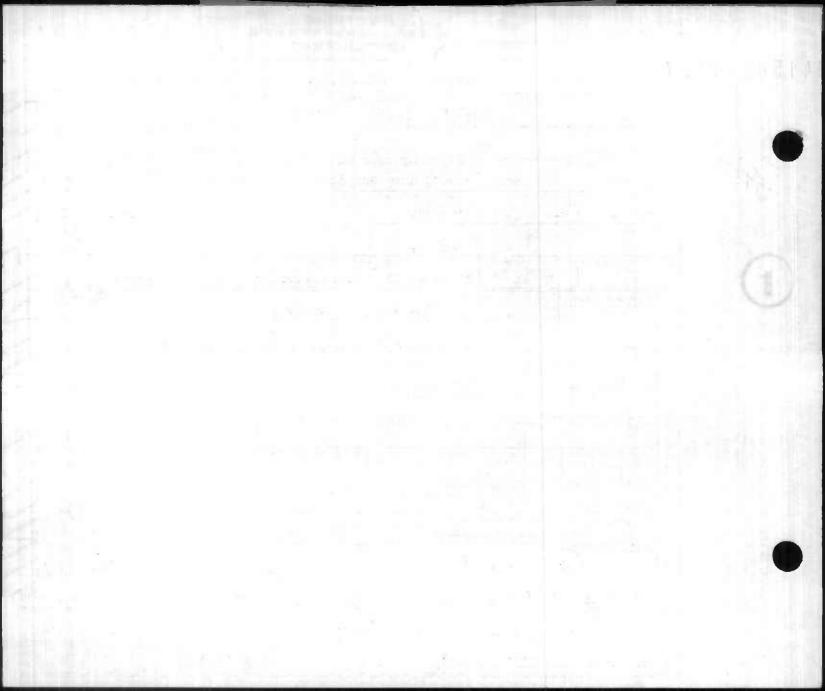
TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending ply titing a should be detached far use as the burial-transit permit. Then please remove carbangapers with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

TO HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death retained by the haspital or attending physician.

24 FUNERAL DIRECTOR
Major M. Osborne

P.O.Box # 348 Williamsport, MD 21795

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE.

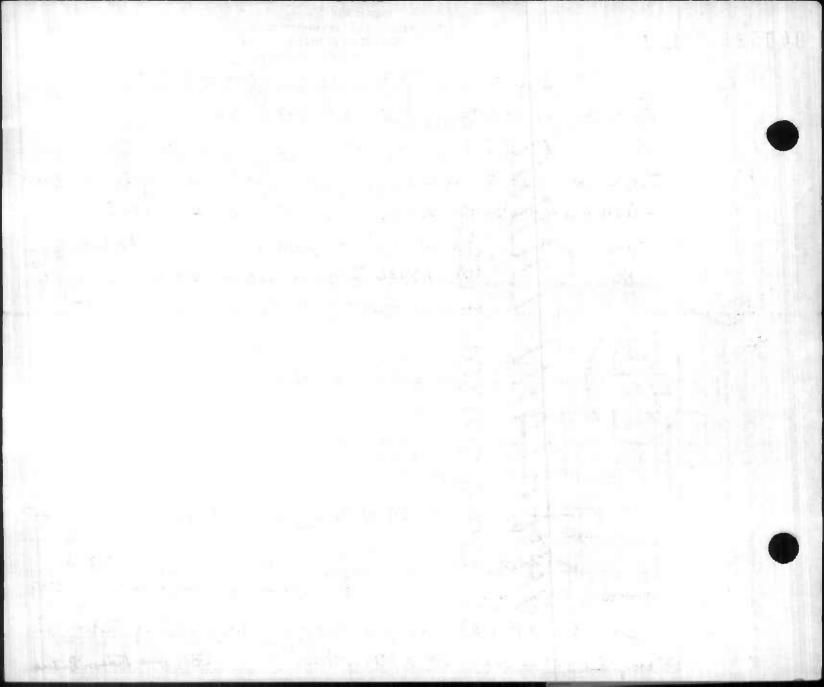


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DHMH-16 30M 2/80 (VRA 15, 4)

STATE OF MARYLAND	
PEPARTMENT OF HEALTH AND MENTAL	HYGIENE,
CERTIFICATE OF DEATH	0

		FOR STATE REGISTRAR				ALTH AND MENTAL HYC	GIENE / REG. N	0	3 ; 3	3 3
ŀ	I. DEC	EASED NAME FIRST	MIDE	DLE	LA	51	20. DATE OF DEATH		DAY YEAR	2b HOUR
	(TYPE	Dorothy K	rdo 11	Kunigo	nis		January 5	, 1987		Р. м
1	3. SEX	4	RACE	5.	DATE OF		6 AGE (IN YEARS LAST B		IF UNDER 1 YEAR	IF UNDER 24 HRS
1		FEMALE	Whit.	e	MONTH 5	30 1918	68	YRS.	MONTHS DAYS	HOURS MIN.
30		RTHPLACE (STATE OR FOREIGN 71	. CITIZEN OF WH	IAT COUNTRY? 8.	AA A D D IE D	□ NEVER MARRIED □	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
		Pa.	U.S.A		/IDOWED		Washin	aton	Co.	MD.
1	10. CI	TY OR TOWN OF DEATH		SPITAL, NURSING I		OTHER INSTITUTION	12a USUAL OCCUPA 11ype Of, work for most		12b. KIND OI	F BUSINESS OR
4		Doonshore	Rt. 2	Bx 103			Letterkenny	/	Japot - Si	upervisor
	130 S	ARULAND WAS A	Y 1	CITY OR TOWN		YES NO P	13e. STREET ADDRESS	Bx	1032	17/3
A	14 FA	THER'S NAME	IDDLE	) LAST )		15. MOTHER'S MAIDEN NA	ME		1 1 1 145	
1		trou M.	1	Kendal	1	SIZABEN	fL		NEISO	2
		(IF YES, GIVE	ED FORCES? 161	SOCIAL SECURIT	Y NO.	17. INFORMANT	ADDI	RESS		MJ
1	Į¥.	NO (IF TES, GIVE	WAR OR DATES)	81-07-89	26	Jo Ann Schu	chman Rt	2 Bx10	3 Boon	spore
ľ		18 CAUSE OF DEATH (Enter only	one cause per line	e for (a), (b), and (c	1.)				BETWEEN C	MATE INTERVAL
1		PART I. DEATH WAS CAUSED IMMEDIATE	BY: CAUSE (a) Ar	terioscer	otic	Heart Disea	se		Year	rs
1								37		
1		Conditions, if ony, which ( (b)								
1		gove rise to immediate couse (a), stating the		S A CONSEQUENC	FOF					
1		underlying cause last.	(c)	3 A CONSEQUENC	.L Or				SL. Marie	
1		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CON	TRIBUTING TO DEA	TH BUT N	OT RELATED TO THE TERM	MINAL DISEASE OR COI	VDITION GIV	EN IN PART 1(o	
1	ON									
	CERTIFICATION	190. DATE OF OPERATION	196 CONDITIO	ON FOR WHICH OP	ERATION	WAS PERFORMED	200 AUTOPSY?		, WERE FINDIN	
1	TIE						YES NO		YING CAUSES	NO []
1	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF IN		VELD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	URY IN ITEM 18 F	PART 1 OR PART 2)	
٦	¥	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M.	MONTH DAY	YEAR 1					
1	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF			21f. LOCATION			COUNTY	STATE
1	¥	WHILE NOT WHILE D	(AT HOME STREET,	FACTORY, OFFICE, FARM	, ETC )	STREET	CITY OR T	OWN	COUNTY	STATE
1		22a I certify that (I) (this hospita	il) attended the d	eceased fram 1	0/15	/82 19	, to1/5/	87	19	that (I) (we) last
1		saw the deceased alive on abave, (I) (we) (did rain	yew the bady after		, and	I that in (my) <del>(our)-</del> opinion	death accurred on the	date and hou	r and fram the o	causes stated
		22b. SIGNATURE	01	1	D	EGREE			22c. DATE	SIGNED
		1/82	eal W	N.		ATTENDING PHYSICIAN	MEDICAL STA	AFF ICIAN 🔲	1/7/	87
7		22d. PHYSICIAN'S NAME (TYPE OR	PRINT)	-		22e ADDRESS				017/0
		Howard N. Weeks	s, M.D.			580 Norther	rn Ave., Ha	gersto	wn, Md.	21/40
		URIAL, CREMATION, REMOVAL	23b. DATE		AE OF CE	METERY OR CREMATORY	23d. LOCATION		e Out the	<u></u>
1	(;	Burial	1-10-8	7 Ur	100	(emetery	Me anne	Isburg	Futto	n Pa
1	24 FU	NERAL DIRECTOR		ADDRESS	la a = C	PR 296. DA	TE REC'D. BY REGISTRA	R 25b. REGIST	RAR'S SIGNATI	URE
1	to	adger (ornelin	15 322 A	J. Zon St.	MCo	innels but	AN 1 2 1987	Julia	Dirigon.	Perdage



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DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	36
CERTIFICATE OF DEATH	2

7	0	3	1	5
REG. NO.				

8	11-	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 REG. NO. 3						3 1	3 1
Н		CEASED NAME	I	MIDDLE		LAST	20 DATE OF DEATH		DAY YEAR	26 HOUR	
	{ TYPE	OR PRINT)	helm	a Cat	herine	LA	POLE	January	16.	1987	3:55 A
18	3. SE:		-	RACE		5. DATE C		6 AGE (IN YEARS LAST BI		IF UNDER I YEAR	IF UNDER 24 HRS
	100	<b>Temale</b>		White		Jan	uary 1, 1907	80	YRS	MONTHS DAYS	HOURS MIN.
5	Y	RTHPLACE (STATE OR FOR COUNTRY) [arrowsburg,	Md	U. S.	A.	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Tales when the second		Y OF DEATH	MD.
0	0	ON TOWN OF DEATH	1	1. NAME OF H	HOSPITAL, NURSING BOX 68	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST Housewi		IFE) INDUSTRY OWN	Home
1	13a N		HOME OF O	ngton	Boonsbo	e admission) /N <b>PO</b>	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP COD Box 6	8 217	713
K	14 FA	Martin	Edi	gar	Miller		15 MOTHER'S MAIDEN N	el MIDDLE		Holme	s
Bo	16a V	NAS DECEASED EVER IN		ED FORCES? WAR OR DATES)	219-44-		Mr. Billie	G. Lapole,	RESS Rfd Boo		68 Md. 21713
	No	Conditions, if any, we gove rise to immedicate (a), stating underlying couse	which diote the lost	72	t pel	in t	Aladler of Live when the terms of the terms	-Desen		VEN IN PART I o	
2	CERTIFICATION	190 DATE OF OPERATION 19b. CONDI			DITION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY?	IN CERTI	S, WERE FINDIN	
7	MEDICAL CER	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL	SE OF DEATH	21b. TIME O HOUR A.	M. MONTH D.	AY YEAR		JRRED (ENTER NATURE OF INJ	JRY IN ITEM 18	PART I OR PART 2)	
	MED	216 INJURY OCCURRED  WHILE AT WORK  AT WORK		(AT HOME STR	OF INJURY REET, FACTORY, OFFICE, I	FARM ETC )	21f LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
		220-1 certify that (1) (the line of the deceased phonon (1) (we) (did	olive on	Dec 2	19 4		nd that in (my) (our) apinio	n death occurred on the c	O late and ha		that (I) (we) lost
		Degree De									
		DIDNEY	L PE OR I	VEr	VOTE	IN	FUW F	SSTOWN	V n	1)	/
		BURIAL, CREMATION, RE	MOVAL	236. DATE 1-20			ville Hgts. (	CITY OF FOWN	ville	, Wash.	Co., Md.
-	24 FL	UNERAL DIRECTOR	Ba	st Fune	ral Home		25a. D.	ATE REC'D. BY REGISTRA	R 25h REGIS	TRAR'S SIGNATI	LIRE
		John H. Bas			onsboro.	Md. 2	21713	AN 28 1987	gutta	Dendon	Constant

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Control State Co

(VRA 15, 4)

437181	I-FR	FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH	IENE B REG. N	0 3	1 4	J
- 4. 10 1		CEASED NAME FIRST	MIDDLE	1.	AST	26 DATE OF DEATH	MONTH DAY	YEAR 2b	HOUR
poge 3	(TYPE	ORPRINT) Edit	n R	LA	RGENT	3	an. 30	,19877	:45 pm
may e d	3 SE	X	RACE	5. DATE C		6 AGE IN YEARS LAST BIR			INDER A HRS
and	F	EMALE	WHITE	OCT.	21 18 9 4	93	YRS.	S DATS HO	URS MIN
E 22 101			LOUNTR	Y? 8.	NEVER MARRIED	9 BALTIMORE CITY O		PEATH	
AXOD		MARYLAND	U.S.A.	WIDOWE	D DIVORCED	Washin		ounti	/ MD
Wii 9A		1	11. NAME OF HOSPITAL, NURS	EET ADDRESS)		120 USUAL OCCUPAT		B. KIND OF BU	SINESS OR
A PA			Audun Manur		sing Home	HOMEMAKE	}	HOME	
135	13q, 5	ALRESIDENCE (IF NURSING HOME OR CITATE 134 COUN WAS	TY 136 CUTY OR TO	RSTOWN	13d. INSIDE CITY LIMITS?	326 S. P	ZIP CODE TOMAC	SP2/	740
111	14. FA	THER'S NAME	NIDDLE 1.1 LAST	1	15 MOTHER'S MAIDEN NAM				
1 18/1	(	BEORGE	WINTER		MAMMIE	H	ENNEBER	GER	
Section 1		VAS DECEASED EVER IN U.S. ARA		CURITY NO.	17 INFORMANT	WILLIAPPE	PORT	MD.	
Pogn medi	T	YES NO OR UNKNOWN) (IF YES, GIVE	214-10	-4655	JOSEPHINE	KIRCOFE	HOMEW	OOD RI	ет. Ст
sicro pers ol.		18 CAUSE OF DEATH (Enter onl	y one couse per line for io), (b),	ond ic i				APPROXIMATE BETWEEN ONSET	
phy npo mov		PART I. DEATH WAS CAUSED	BY: Gene	eral S	ystems Fail	ure	EATO.	1 wk	
ding or re		MARLESIAN		NIENICE OF					
affen ove co hon, bumo		Conditions, if ony, which	due to, or as a consec Alzhe	eimers	' Disease			6 yrs	5
by the cose remont, cremon other tra		gove rise to immediate couse tot, stating the underlying couse lost	DUE TO, OR AS A CONSEC	DUENCE OF		1	21		
plee urio		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE OR CON	DITION GIVEN IN	V PART I I O	
Then to b	Z		ralized athe						
w re	AT	190 DATE OF OPERATION	19b. CONDITION FOR WHI			20s AUTOPSY?	20b. IF YES, WEI		
hos hos	CERTIFICATION	None				YES NOW	IN CERTIFYING YES		DEATH?
Sicret Si	ER	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCCURR				
Phy phy phy printing a phy printing		OR CONTRIBUTING CAUSE OF DEAT	10.010.0				_		
YSIG ding S cer S cer Men Men	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. HOTTE	19	211 LOCATION				
the the bud	ME	WHILE NOT WHILE	(AT HOME STREET FACTORY, OFFICE	E. FARM ETC )	STREET	CITY OR TO	WN C	YINUO	STATE
Afte os olth olth			none	dune	20 1981	in doorney	30 10	87 that	
Pol OR: Tuse	- 33	22s.1 certify that (I) (this hospital	dominer 30	87 00	d that in (my) (our) opinion o		, , , _		(It (we) lost
ATT ospin d fo it. of m 2		sow the deceased alive on above, (1) (we) (did) (did not 27b. SIGNATURE	view the body ofter death.		DEGREE	or occorred on the di		22c DATE SIGN	
OR Per Per H		220. SIGNATURE	1 110			MEDICAL STA			
RAIL det		22d PHYSICIAN'S NAME LITYPE OF	est 100		PHYSICIAN A	MEDICAL STA	IAN	1-31-	-87
HOSP ned the String of the S									
TO HOSPITAL TO FUNERAL should be dete		William W. I			411 Divisi		agerst	own, N	ld.
F =		SURIAL, CREMATION, REMOVAL		_	METERY OR CREMATORY	23d. LOCATION	LEOV	INTY NA	STATE
BP		BURIAL		Rose	ILL CEMETER	HAGERS		SH. MI	D.
DHMH - 16 60M 7/84	-	JNERAL DIRECTOR		TOMAC	ST. 250 PATE	HESD. BY REGISTRAR	256 REGISTRARS	SSIGNATURE	adall.
(VRA 15, 4)	U	ERALD N. MINN	ICH HAGERSTO	WN, MA	RYLAND	5 0 1001	U		1.54

STATE OF MARYLAND

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

Ö	REG. N	0	3	1	da)	1
ATE	OF DEATH	MONTH	DAY	YE AR	PHYLO	MR

				STATE OF MAKTLAND		THE CASE OF STREET
04103	8 -	STATE 19 87 REGISTRAR 87	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	SIENE S / REG, NO.	3 1 4
t 3		CEASED NAME ARST	Rebecca	Lehman	January 11, 19	187 YEAR 10:95P M
od in	3. SE)		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
offic.		Female	White	Nov. 6. 1898	88 yps	MONTHS DAYS HOURS MIN.
direction of	7a B1		76. CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COUN	
10 mg	(	OUNTRY)		MARRIED WEVER MARRIED	Washington (	
thin a		aryland	U.S.A.	WIDOWED DIVORCED DIVORCED DIVORCED	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
by the		gerstown, Ma.	Coffman Home for	r the Aging, Inc.	Looper	Stocking Co.
Be in		L RESIDENCE (IF NURSING HOME OR C TATE 136 COUNT			13e.STREET ADDRESS / ZIP CO	21740
# P	M=		ington Hagers		428 South Po	tomac Street
25 Sp. 25		THER'S NAME		15 MOTHER'S MAIDEN NA		
ig is so	X.		Wilson Brand	denburg Ada	Ellen	Green
25. 100		AS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SEC		ADDRESS 34	Hagers Street
Poge de la constant d	()		WAR OR DATES) 214-09-	4397 Paul B. Br	andenburg Had	rerstown Md.
cion ers. I		NO CAUSE OF DEATH SEASON OF	y ane cause per line for (a), (b), a		3	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
· 下野 1		PART I. DEATH WAS CAUSED	BY.	. Li		3 EL SET AND DEATH
Ma San		IMMEDIATE	CAUSE (a)	ummi		30
\$ 8 9 E			DUE TO, OR AS A CONSEOU	JENCE OF 1. 12 1	Se. h	Un.V.
113.1		Conditions, if any, which gove rise to immediate	16) General	of person ) /	J-Nu -	- Corece
1111		cause (0), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	ENCE OF Artsura	clarate	
signed nen ple burio pury, or	z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	GIVEN IN PART 110
To The Total	ATIO	190 DATE OF OPERATION	TISK CONDITION FOR WHICH	HOPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
hos b	CERTIFICATION	THE DATE OF CHARGO	The Condition Tok Which	TO ENATION WAS TENTONINED	YES NO NO ER	TIFYING CAUSES OF DEATH? YES NO
cote nonsi Hyg B sh	CER	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY HOUR A.M. MONTH D		RED (ENTER NATURE OF INJURY IN ITEM	8 PART I OR PART 2)
errificiol-triol	AL	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
I We	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR LOWN	COUNTY STATE
fter the os the hond srked	W	AT WORK NOT WHILE AT WORK	(AT HOME STREET FACTORY, OFFICE,		CHIOKIOWA	3741
R. A Use leost			al) ovended the deceased from.	1/-3		
21.0	7	saw the deceased alive an abave, (1) (we) (did) (did not	) view the body after death.	, and that in (my) (out) opinion	death occurred on the date and h	naur and from the causes stated
IREC hed ept.		22b. SIGNATURE		DEGREE		22c. DATE SIGNED
AL D detac pre D		2 Lota	111	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/12/11
TAN TAN		22d. PHYSICIAN'S NAME (TYPE OR	PRINT)	22e ADDRESS	1	
hould by with the		LLPA	Man In	no Hager	rour. 8	7d 2174C
- v > - v		URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY STATE
P	B	urial		. Pauls Luth Ce	m Myersville	
H - 16 60M 7/B4		INERAL DIRECTOR	Ha	gerstown, Md. 250 DA	TE REC'D. BY REGISTRAR 25b. REG	
(VRA 15, 4)	A	.K. Coffman	Funeral Home	e, Inc.	N 1 4 1987 Julia	Dandson Rudalle

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

15 Bashington County Marriand H.S. N. terminal to the terminal to the Legacian Dec. Legacian Stocking Co. 425 south Potemac Street Maryland Washington Hogerstown X 234 Hacets Chruch - - 214-09-4397 Pagl B. Brandenburg Bagerstown, Md.

Bortal Laid-W7 St. Bould Duth Cem. Myersville Trederick Nd. .bM. nwofsreusd

A.K. Coffman Funeral Lone, Inc.

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Pages i and 2 should be

1	1 -	FOR STATE REGISTRAR	DEP	ARTMENT O	ATE OF MARYLAND IF HEALTH AND MENTAL HYG ITFICATE OF DEATH	IENE REG. NO.	3 !	En ela	
		CEASED NAME FIRST	Franklin	-	LAST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR	
550	_	oz Drue			ong	January 26,	1987	M	
ILL	3 SE		4. RACE		TE OF STRTH DNTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.	
		ale	white		cember 19,1928	58 YR:			
25	(	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	MAR	RIED A NEVER MARRIED	9. BALTIMORE CITY OR COUN	NTY OF DEATH		
3		ennsylvania	USA		WED DIVORCED	Washington		MD.	
30		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE		IE OR OTHER INSTITUTION	12a USUAL OCCUPATION  I TYPE OF WORK FOR MOST OF WORKING	G LIFE) INDUSTRY	F BUSINESS OR	
10		lagerstown	Washington C			truck driver.	mill mill	c co.	
35	13o. S	STATE 13b CO			13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO 1529 Kensingt		21740	
ine.	_	THER'S NAME			15. MOTHER'S MAIDEN NA		on bi.	21740	
mox		Charles	Long		Sarah	FIRST MIDDLE			
0		VAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL	SECURITY NO		ADDRESS			
med	l,		J.II 178 28						
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) CONCRST VB FAILURE  DUE TO, OR AS A CONSEQUENCE OF REMAIL FAILURE OBSTRUCTURE  DUE TO, OR AS A CONSEQUENCE OF CARCINOMY of PROSPORTS  DUE TO, OR AS A CONSEQUENCE OF CARCINOMY of PROSPORTS  DUE TO, OR AS A CONSEQUENCE OF CARCINOMY of PROSPORTS  DUE TO, OR AS A CONSEQUENCE OF CARCINOMY of PROSPORTS								v	
jury, or other	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO THE PART OF THE PART							
2	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERA	TION WAS PERFORMED	200 AUTOPSY? 206. IF	YES, WERE FINDIN RTIFYING CAUSES YES []	IGS USED OF DEATH?	
ltem 68 s		?)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM)	DEATH HOUR A.M. MONTH			RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)		
op	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, O	FFICE, FARM ETC	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE	
21 is mork		saw the deceased alive	spital) attended the deceased from 1 5 6 nat) view the bady after death.	19 8 7	, and that in (my) (our) opinion	deoth occurred an the date and		that (I) (we) last causes stated	
E #		22b. SIGNATURE			7	MEDICAL STAFF DIRECTOR PHYSICIAN	220 DATE	( )	
MPORTANT		OTTO ROTO	EORPRINT)		100 LONG 14RA	DIL DRUK HA	16. ho.		

23c. NAME OF CEMETERY OR CREMATORY

Smithsburg Crematory

Smithsburg, Wash., Maryland

250. DATE REC'D BY REGISTRAR 256 REC'STRANS OF SNAT PLANS

DHMH - 16 60M 7/84

BP.

(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation

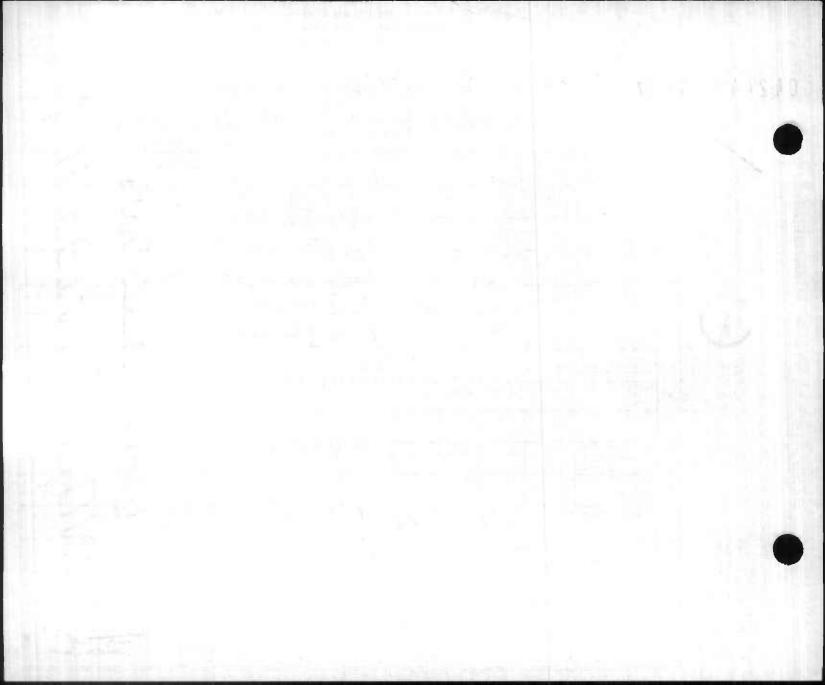
236 DATE

24. FUNERAL DIRECTORMINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerston

Jan. 26, 1987

Wilson Blvd., Hagerstown, Md. 21740

should be detached for use as the burial-stransit permit. Their please with the State Dept. of Health and Mental Hygiene prior to burial, cr. TO FUNERAL DIRECTOR: After this certificate has been O HOSPITAL OR ATTENDING PHYSICIAN. The low retained by the hospital or attending physicio



DHMH - 16 60M 7/84

(VRA 15, 4)

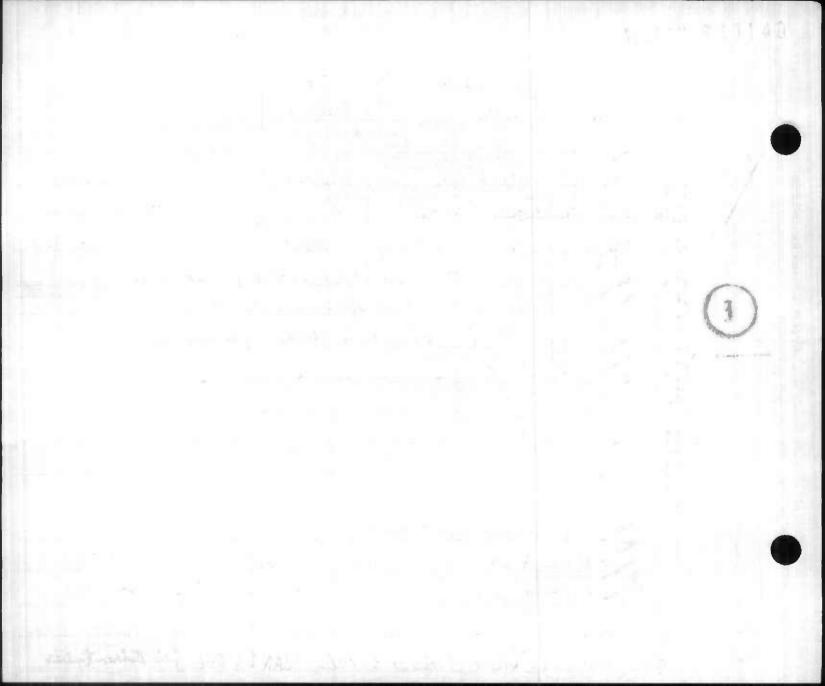
042330 JAH 3 SPART 7 REGISTRAR STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH DECEASED NAME FIRST 20 DATE OF DEATH MONTH YEAR 7h HOUR LIVEE OF PRINTS MALCOLM Edith-21 168-P. parl January AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR BALTIMORE CITY OR COUNTY OF DEATH Count TYPE OF WORK FOR MOST OF WORKING LIFET Homemaker Home Rt.#3 Box 94B Miriaa Largent R\*CD#3 Box 94 Clear Spring, Md. 21722 APPROXIMATE INTERVAL Minutes Vrs PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT YES [ 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY CITY OF TOWN in danuary and that in (my) (aur) opinian death occurred an the date and from the causes stated 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN Division Avenue Hagerstown . Md . 1/24/87 Woodrow Cemetery Buria Paw Paw W. Va Morgan 14-PONER AL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE die Dender Pendals

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STATE OF MARYLAND							
EPARTMENT OF HEALTH AND MENTAL	HYGIENES						
CERTIFICATE OF DEATH	0						

STATE OF MARYLAND					- 0	
ARTMENT OF HEALTH AND MENTAL HYGIENES	7	0	3	i	4	1
CERTIFICATE OF PERTIF	REG I	NO				

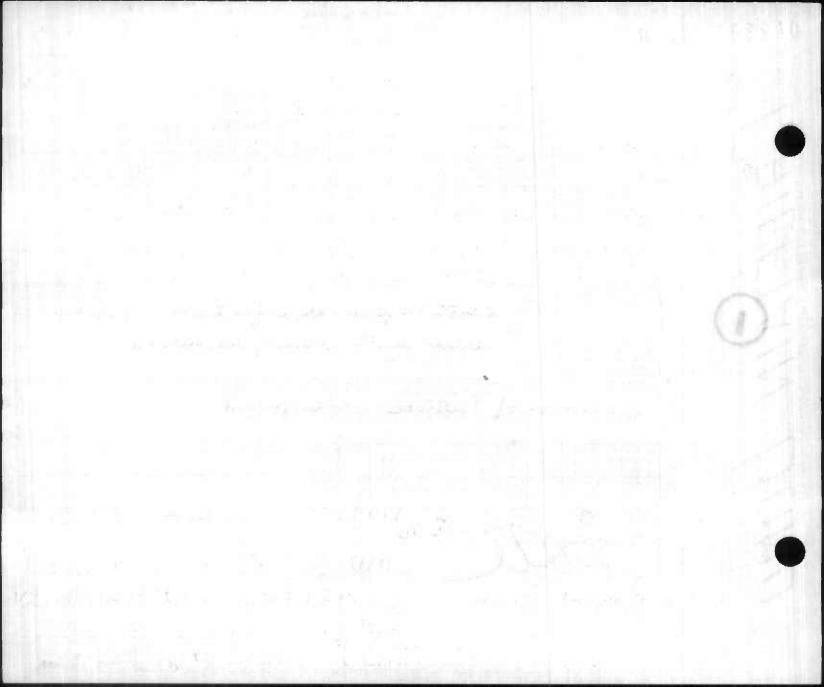
	1			STATE	OF MARYLAND			4
1032 J	in :	STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG CATE OF DEATH	REG. NO	031	E. July
		CEASED NAME FIRST	MIDDLE	LA	AST		AONTH DAY YE	AR 2b HOUR
poge 3	(TYP)	Bernadine	A5112	m.	Carty		1-8-8	7 1000
po od s	3. SE		4 RACE	S. DATE OF	F BIRTH	6. AGE (IN YEARS LAST BIRTI		
offe		F.		MONTH	DAY YEAR	1.1	MONTHS D	DAYS HOURS A
110	70 B	RTHPLACE (STATE OR FOREIGN	White 76 CITIZEN OF WHAT COUNTRY	2 8	0-26-20	9 BALTIMORE CITY OF	YRS. COUNTY OF DEAT	H
PR /65		COUNTED	U.S. A	MARRIED		1.) /	. 1	ď
131 0	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	WIDOWED		12a USUAL OCCUPATIO	ng ton	ND OF BUSINESS
12 5 / Sug	: 1	/	(IF NOT IN SUCH FACILITY, GIVE STREE		// * / /	(TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUS	TRY
C 25 / 5 /		agerstown	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR	Co	. Hospital	Ripper	<u> </u>	othing
V 2 51	13a. S	STATE 136 COU	VTY 130 CITY OR TOV		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE	
10 M			ington   Hancock		YES 💢 NO 🗌	206 Fulton	Street	21750
1001/7	14. FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	MIDDLE MIDDLE		LAST
13X 1 U		Wilbur	B. Weav	er	Esther			Nicholso
ond co		VAS DECEASED EVER IN U.S. AF			17 INFORMANT	ADDRE:		
Poges medica		NO.		4237	Otho D. McCa	rty Same	as 13	
			nly one couse per line for (o), (b), o					PPROXIMATE INTERVA
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tro tro	-43	Conditions, if ony, which gove rise to immediate	(b)	mys a	out less	Tural.		
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red by pleose proof, cr			( (c)					
sign Then to be	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>CONTRIBUTING TO</u>	DEATH BUT N	NOT RELATED TO THE TERM	nal disease or cond	ITION GIVEN IN PAR	RT Iro
been mit. I prior i	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	H OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FI	INDINGS USED
ne se	문	100				YES NO	IN CERTIFYING CALL	USES OF DEATH?
ronsit Hygie	E	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCURR			
		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR		- VENTER HANDE OF HANDE	The state of the s	
s certifications of the second	MEDICAL	(IF FITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	211. LOCATION			
2 2 2	WE		TAT HOME, STREET, FACTORY OFFICE.	FARM, ETC )	STREET	CITY OR TOW	N COUNT	TY STAT
After the os the olth one morked	-	MHILE NOT WHILE AT WORK						
OR: Afre	-		ital) attended the deceased from.		, 19	to		, that (I) (we
2 0 4 0 8			ot) view the body after death.	, ond	d that in (my) (our) opinion o	leoth occurred on the do	e and hour and from	n the couses state
a 0 V 0		226. SIGNATURE		D	DEGREE			ATE SIGNED
Y the hos  CAL DIRECT  detoched  ore Dept.  AT: If hem		J.04_	Pul 1	N	ATTENDING PHYSICIAN	MEDICAL STAF	AN . 1/.	8/87
FUNERAL old be det the Stote ORTANT:		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		72e ADDRESS		_	~
		ABDUL WATE	ED, mo		1610 - OAK HILL	AVE. HAGE	RS/OLVN.	MI
Sho of s		SURIAL, CREMATION, REMOVAL		NAME OF CE	METERY OR CREMATORY	23d LOCATION		
P		SPECIFY)				CITY OR TOWN	Fulto	n Pa
	KI	Burial	11/4/01 110	потома	y Baptist	Needmore REC'D. BY REGISTRAR 2		
MH - 16 60M 7/84	1	/ HAME	ADDRESS	L	mo IAM	4 4 4007		- Kinn
(VRA 15, 4)	1	ulre 0	/ None O HAN	COCK	III) JAN	14 190/ 8	who Denders	" Condally



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REG. NO.				

Dividion Pendage

2332 JAN	196	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 / 0 3 1 4 5
noy be poge 3 er death		CHRISTO	PHER ERVIN	Mc EWEN, JR.	JAN. 12 1987 9:34 A
ge 4 rector.	3. SE	MALE	4. RACE WHITE	DEC. 12 DAY 1905	81 YRS IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
uneral din 172 har	Ti	RTHPLACE (STATE OR FOREIGN COUNTRY) ENNEESEE	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	WASHINGTON COUNTY
10	H	TY OR TOWN OF DEATH	WASHINGTON COUN		126 USUAL OCCUPATION 126 KIND OF BUSINESS OF TURNITURE RETAIL
filled in	13a S			VN 138. INSIDE CITY LIMITS?	13 STREET ADDRESS / ZIP CODE 2/1940 400 PARK LANE
ompletely	Cı	THER'S NAME FIRSTOPHER E.	MC EWEN SR.	IS. MOTHER'S MAIDEN NA	BURGER
s. Poges		VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV )	MED FORCES? 166 SOCIAL SECU /E WAR OR DATES) 214-09-2		EWEN SAME AS 13
n. n. os been signed by the altriperant. Then please remember ne prior to buriol, cremating we ony injury, or other froum	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.  PART 2. OTHER SIGNIFICANT (1)  19a DATE OF OPERATION	and Prosta		MINAL DISEASE OR CONDITION GIVEN IN PART 110.  200. AUTOPSY?  200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
Short of the Short		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.		AY YEAR	YES NO YES NO REPART 1 OR PART 2)
inDING PHYSICIAN; is a cotending physical activities of the certifical use on the buring-transfer and Mental Hysis morked or them 18	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	211 LOCATION	CITY OR TOWN COUNTY STATE
OR ATTE e hospite DIRECTO oched for Dept. of f flem 21		220 1 certify that (1) (this hospi	tal) attended the deceased from.	DEGREE ATTENDING	deoth occurred on the dote and hour and from the causes stated    MEDICAL   STAFF   DIRECTOR   PHYSICIAN
TO HOSPITAL retoined by the TO FUNERAL should be deto with the Stote IMPORTANT. If	23a. B	22d PHYSICIAN'S NAME (TYPE OF COLOR)  ROBERTON  URIAL, CREMATION, REMOVAL	Brull	1220 ADDRESS 1459 P	tonac St Hagerstown M
BP		BURIAL	12-15-87 \$т.	DAVID'S-SHERMAN C	4.00 CO T CO
DHMH - 16 60M 7/B4 (VRA 15, 4)		NERAL DIRECTOR SERALD N.MINNIC		TIAC OTREET	TEREC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



papers. Pages 1

with them 21 is marked or them 18 shows any injury, or other traumatic event, the

042335 JAN

STATE OF MARYLAND						
DEPARTMENT OF HEALTH AND MENTAL HYC	HENE !					
CERTIFICATE OF DEATH	9					

30-	FOR BIATE REGISTRAR	DEF	PARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	9 /	US	, ., 0
1 DE	CEASED NAME FIRST	MIDDLE	LAST	REG. N	MONTH DAY	YEAR 76 HOUR
	OR PRINT)			20. DATE OF DEATH		GT. C. CO
	Margai	र्ष =	m = Kane		01 18	07 210 C.W
3. SE:	× , 0	RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BI	RTHDAY) IF UND	DAYS HOURS MIN.
,	Temale WH	ITE	OS 21 98	,   8	88 vos 107	DAYS HOURS MIN.
7a. Bi		b. CITIZEN OF WHAT COU	NTRY? 8	9 BALTIMORE CITY O	OR COUNTY OF D	EATH
	MARYLAND	US.A.	MARRIED NEVER MARRIED	MACHIN	GTON COUN	ITV
10 C	ITY OR TOWN OF DEATH	1. NAME OF HOSPITAL N	WIDOWED DIVORCED			KIND OF BUSINESS OR
#	agerstown /	Washing ton		TIME OF WORK FOR MOST	OF WORKING LIKE) IN	
USU	AL RESIDENCE (IF NURSING HOME OR C	THER INSTITUTION GIVE ESIDENCE	E BEFORE ADMISSION)			
Th	lary land wash		R TOWN 13d. INSIDERITY LIMIT	13. STREET ADDRESS		21740
14. FA	ATHER'S NAME	0	15. MOTHER'S MAIDE			
S	AMUEL EDWAR	D Baso	LUCY FIRST	ELIZABETH	Mod	ORE LAST
	VAS DECEASED EVER IN U.S. ARN		L SECURITY NO. 17 INFORMANT	FREDERICROR	ESS MD. Z	701
(	YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES) 220-	18-1196 RAYMOND L	McKane 208	Baughmans	LANE
	18 CAUSE OF DEATH (Enter only		budged /		c L	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
7	PART I. DEATH WAS CAUSED	11/8/4/814	ideres toulent	mitty 4	ores 1	1 Von
/	827	1/-	N. t. t.	/		2/04
	Conditions if any 111	DUE TO, O	a legular //	Monary d	reale	
	Canditions, if any, which gave rise to immediate	(p)	0 0 1/	. 161	_	0 0
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CON	SECULENCE OF LYAL	hores / Kha	sure	30 years
		(c) along 1	us aurunau Mi	10-49 MM 2	110101	10
7	PART 2 OTHER SCHUIFTCANT CO	ONDITIONS CONTRIBUTIN	G TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CON	IDITION GIVEN IN	PART 11a
ē	Pelmic	Moeter		V		
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR V	VHICH OPERATION WAS PERFORMED	200 AUTOPSY?		E FINDINGS USED CAUSES OF DEATH?
E				YES NO	YES [	NO [
18	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OC	CURRED (ENTER NATURE OF INJU	PRY IN ITEM 18 PART I OF	R PART 2)
	OR CONTRIBUTING CAUSE OF DEAT		H DAY YEAR			
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	P.M.	19 ZII. LOCATION			
MEC	WHILE NOT WHILE	(AT HOME, STREET FACTORY, C		CITY OR TO	OWN CC	DUNTY STATE
	AT WORK AT WORK		/,7		1	
	22a.1 certify that this haspita	1 1 1 1 1	from 19	8 //	190	that (Ii) we) last
	saw the peceased alive an abave (II) we) (did) (did no	view the hadvatter death	_19, and that in (my) (our) api	inian death occurred on the d	ate and haur and	fram the causes stated
	22b. SIGNATURE	/) 10	DEGREE		2	24. DATE SIGNED
	1600	Trull	MO ATTENDIN	NG MEDICAL STA		1/18/87
	274 PHYSICIAN'S NAME LIVE OR	PRINT	77e ADDRESS	e 1	11	11
	Know	MAU!	1450 PH	tomal AUP.	Mager	ortown M
73a P	BURIAL, CREMATION, REMOVAL	23b DATE	23¢ NAME OF CEMETERY OR CREMATO	ORY 1234 LOCATION	100	- 100-11
	BURIAL	1-2:1-27	Rose HILL CEMETER	LL CITY OR TOWN	WN WASH	MD. STATE
	DOKTAL	1 4.1 0/	NOSE HILL CEMETER	Y HAGERSTO	MIN MASE	1. TID.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR
SAME
GERALD N. N. MINNICH 21-87 ROSE HILL CEMETERY

305 N. POT OMAC ST.

HAGERSTOWN, MARYLAND

REGISTRAR 256 REGISTRAR'S SIGNATURE

8 1087 Julia Dender Andres

3 87 T The first part of the same Languard alternated between the commencer her hash I 041

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## STATE OF MARYLAND

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1	HISTATED 97				ICATE OF DEATH	REG	. NO.		
	ECEASED NAME FIRST		- MI	1	asi el	20. DATE OF DEATH	HIMOM H	10 87	26 HOUR 40
	Female	4. RACE White		5. DATE C	1. 19, 1916	6. AGE (IN YEARS LAS	T BIRTHDAY) YRS	MONTHS DAYS	IF UNDER 24 HR
Ch	BIRTHPLACE (STATE OR FOREIGN COUNTRY) hestnut Grove,	nd. U.	S. A.	WIDOWE		9 BALTIMORE CIT	_	TY OF DEATH	٨
F	Hagerstown	Washi	ngton Cou	inty I	Hospital	120. USUAL OCCUP (TYPE OF WORK FOR MC HOUSEWI		126 KIND C INDUSTRY OWN	Home
/ 13a_	JAL RESIDENCE (IF NURSING HO STATE Maryland	ederick	GIVE RESIDENCE BEFORE  13. CITY OR TOWN  Middleto		13d. INSIDE CITY LIMITS? YES NO [4]	130 STREET ADDRE	d Nat	ional Pi	ke 2176
1	FATHER'S NAME FIRST  Alfred		ringer		15. MOTHER'S MAIDEN NA FIRST Carrie	WIDDE		Hol	mes
	WAS DECEASED EVER IN U.S (YES, NO OR UNKNOWN) (IF YE	. ARMED FORCES? s, GIVE WAR OR GATES)	212-62-2		Mr. Olva H.	Michael,	Middle	Old Nat' etown, M	1 Pike d. 2170
	Conditions, if any, which	(b)	R AS A CONSEQUE	INCE OF	cute my oc	andid n	- wct	or	
	couse (a), stating the underlying couse last	(c)_	R AS A CONSEOUE		<u> </u>				
RTIFICATION	PART 2. OTHER SIGNIFICA  190. DATE OF OPERATION	nt conditions <u>co</u>	ONTRIBUTING TO C Scr Co ITION FOR WHICH	DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY?	206, IF Y	YES, WERE FINDI TIFYING CAUSES YES []	NGS USED
MEDICAL CERTIFICATION	PART 2. OTHER SIGNIFICA  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O  (IF EITHER NOTHY MEDICAL EXAL  216. INJURY OCCURRED  WHILE NOT WHILE	IPB COND  21b. TIME O HOUR A. AINER)  21e. PLACE	SC CO STION FOR WHICH FINJURY M. MONTH DA M.	OPERATION  AY YEAR  19		208 AUTOPSY?  YES NO RED (ENTER NATURE OF	206, IF Y	YES, WERE FINDI TIFYING CAUSES YES []	NGS USED OF DEATH?
	PART 2. OTHER SIGNIFICA  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHIEFER NOTHY MEDICAL EXAM  21d. INJURY OCCURRED	Int CONDITIONS CO	ONTRIBUTING TO DE STITION FOR WHICH DAM M. MONTH DAM M. OF INJURY PAET, FACTORY, OFFICE, F.	OPERATIO  AY YEAR  19  ARM, ETC.)	N WAS PERFORMED  21c. HOW INJURY OCCUR	20e AUTOPSY?  YES NO E  RED (ENTER NATURE OF  CITY O  deoth occurred on th	206, IF Y IN CER INJURY IN ITEM 1: R TOWN	YES, WERE FIND! TIFYING CAUSES YES  8 PART   OR PART 2)  COUNTY	NGS USED OF DEATH? NO STATE

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottenning should be detached for use as the burial-transit permit. Then please remove certwith the State Dept. of Health and Mental Hygiene prior to burial, cremathan, as

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Bast Funeral Home Books, Jr. Booksboro, Md. 21713 John H. Bast, Jr.

JAN 1 4 1987 Julia Dindon Level

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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

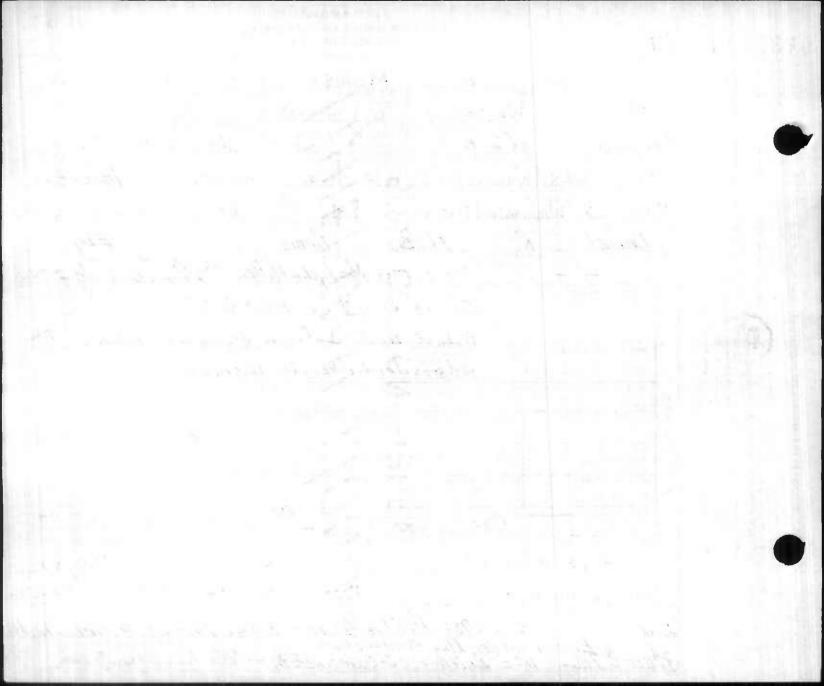
**CERTIFICATE OF DEATH** 

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TH	MONTH	DAY	YEAR	2h HOUR	M
	1	20	C. 14	110 "	

EB -	518	FOR STATE REGISTRAR		NT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	3 1 4 8
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	TIYPE	OR PRINT!	Δ	MILLER	1	30 87 11:10 A
	3. SEX	HMOS	RACE S	DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
	J. 3E/	A.4	11	MONTH DAY YEAR	0.3	MONTHS DAYS HOURS MIN.
		MALE	WHITE (1)	6 4 03	83 YRS.	
9/		RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY? 8	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
C	N	Reviend	11 7 4	WIDOWED DIVORCED	WASHINGTO	ON CIENTY MD
6	10. C1	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL NURSING		170 USUAL OCCUPATION	126. KIND OF BUSINESS OR
17	1	1-0-0	(IF NOT IN SUCH FACILITY, GIVE STREET ADI	DRESS)	(TYPE OF WORK FOR MOST OF WORKING	
2		TAGERS TOWN	WASHINGTON CO.	HOSP. ASSEC.	FRKINER	MARICUITURE
2		AL RESIDENCE (IF NURSING HOME OR O STATE   13b COUNT	THER INSTITUTION, GIVE RESIDENCE BEFORE AD Y 13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COD	DE .
Câ	M	ARYLAND WACH	TINGTON HAGERSTON	a martine of	PT. 6 - F	3× 9 21740
E 1 /		ATHER'S NAME	THE TOTAL THE COLOR	15 MOTHER'S MAIDEN NA		2.10
exomin		1) FIRST MI	15y //-	PARST	WIDDLE	Fibe
	6	-MILE!	N. MILLE	C MINIE	ADDRESS	- by
шефісо		VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE V	1 C227 A C GO GA VA	11/1////	11 RG BOX 9	, -111
E	, ·		214-36-0	414 MRSLYDIA MI	HER LIBERTY	bron. 14d. 21740
÷ +		LE CAUSE DE DEATH (Enter only	one cause per line far (a), (b), and (	- J	. (/	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Ė		PART I. DEATH WAS CAUSED	DV.	1 1	art failure	BETWEEN ONSET AND DEATH
>		IMMEDIATE	CAUSE (O) Severe	cargest we nee	in faire	
ofa			DUE TO, OR AS A CONSEQUEN	CEOF - O		-11:01
E		Conditions, if any, which	( b) Probable	Hute Luterian	My ocardeal =	Lutaidin ou
2		gove rise to immediate			1	
÷ ÷		couse (o), stoting the underlying cause last	DUE TO, OR AS A CONSEQUEN	FOF J - Vacanta	Riseas =	
a			( (c) FITMERS 2	lerote vasculai	1713683	
۳,	z	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERM	AIN AL DISEASE OR CONDITION G	IVEN IN PART Trail
	CERTIFICATION				Las MANAGERA	EC WEST SHIPP LOCKES
0	S	190 DATE OF OPERATION	196. CONDITION FOR WHICH O	PERATION WAS PERFORMED		ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
>	F	Marie Land			YES NO	ES NO
8	E E	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM IB	PART I OR PART 2)
E 7		OR CONTRIBUTING CAUSE OF DEATH				
#ea /	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
ā	AED	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FAR/	211 LOCATION STREET	CITY OR TOWN	COUNTY
a k	<	WHILE NOT WHILE AT WORK				
E		22a.1 certify that (I) (Hins hespita	the deceased from	10.80	to	. 19, that (1) () last
1/2		saw the deceased olive on_		, and that in (my) (***) opinion		
F -		abave, (1) (we) (did ) (did nat)	view the bady after death.		are and the	
<u>e</u>		22b. SIGNATURE	,	DEGREE		224. DAJE SIGNED
-		May E U	(ouce, b).	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/30/85
27		224. PHYSICIAN'S NAME (TYPE OR	PRINT)	22e. ADDRESS		1/5/
- /			^	12m - 1 D & 1	till Ave, Hage	- MO
~ /		MI. C M	Al- I	11708 1/4/2 1		TETAMIN MIN DITUS
A Por		Mary E. Mone	4 (1)	1708 Var 17	Till noe, 1149E	1510 m, 11021740
IMPORTANT		BURIAL, CREMATION, REMOVAL		ME OF CEME JERY OR CREMATORY		1510wn, 11021740
N N N N N N N N N N N N N N N N N N N						1570WN 11021740
a Name of the Name	B	BURIAL, CREMATION, REMOVAL		ME OF CEMETERY OR CREMATORY DIVE MENNONITE E	23d. LOCATION  CITY OR 10 WAS  METERS MANGENSO	y le Washington Ha
2/84	B	BURIAL, CREMATION, REMOVAL		ME OF CEMETERY OR CREMATORY DIVE MENNONITE E		y le Washington Ha

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.



eral director, page 3

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	H
CERTIFICATE OF DEATH	V

JAN		FOR OSTATE UTEGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE & REG. NO.						
		CEASED NAME FIRST	Margue	rite Z. Mus	seln	nan	20 DATE OF DEATH MONTH D	2-87 1 PM		
	3 SE	Female	4 RACE	te	5 DATE C		94 YRS.	FUNDER 1 YEAR IF UNDER 21 HRS		
52		IRTHPLACE (STATE OR FOREIGN COUNTRY) Indiana	U	what country? ISA	MARRIE		Washington	County MD.		
70	Ho	ALIRES IDENCE (IF NURSING HO	(IF NOT) N SUC	CH FACTITY, GIVE STREET	Ma	MOT	170 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE)  DOOKKEEPET	126. KIND OF BUSINESS OR INDUSTRY		
35	13a S	Maryland Wo	shington	Hagerst	VN	13d. INSIDE CITY LIMITS? YES MO	13e STREET ADDRESS / ZIP CODE 246 Mealey Parki	way 21740		
Swamp.		ather's Name First Joseph	WIDDLE	Zimmerma		15 MOTHER'S MAIDEN NAI Bertha	ME MIDDLE ADDRESS	Baker		
e medica		WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YE NO	. ARMED FORCES? 5. GIVE WAR OR DATES)	214-09-0		Donna Shank,	91 10154			
and the	1	18 CAUSE OF DEATH (Enti- PART I. DEATH WAS CA	er only one cause per IUSED BY: DIATE CAUSE (a)	Acute 1	nflu	enza		BETWEEN ONSET AND DEATH  5 Aay 5:		
Section report, are defect from	CERTIFICATION	0 1	DUE TO. O  (c)  NT CONDITIONS C	e cord	DEATH BUT			WERE FINDINGS USED ING CAUSES OF DEATH?		
19	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER NOTIFY MEDICAL EXAMELY ALL INJURY OCCURRED	HOUR A.		AY YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM IB PA	RT ( OR PART 2)		
morked o	MEC	WHILE NOT WHILE AT WORK  22a.1 certify that 12 this?	(AT HOME ST	REET, FACTORY OFFICE		STREET	city or town	COUNTY STATE  9 2 7 that (Tyme last		
ORTANT II hen 21 is		sow the deceased oliver obove (1) we come of the come	June view the body	ofter death. 19	87 or	DEGREE  ATTENDING PHYSICIAN [	MEDICAL STAFF DORECTOR PHYSICIAN	22c. DATE SIGNED		
4	23a.	BURIAL, CREMATION, REMO	VAL 23b DATE	23c.	NAME OF C	EMETERY OR CREMATORY ill Cemetery	136 LOCATION Hagerstown, Wa			
M 7/84	24 F	UNERAL DIRECTOR NAME 415 E. Wils	MINNICH on Blvd.,	FUNERAL Hagersto			E REC'D. BY REGISTRAR 256 REGISTR	AR'S SIGNATURE		

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR, Ah-should be detached for use or with the Stote Dept. of Health

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	STATE OF M	IAKTLAND	
DEPARTMENT	OF HEALTH	AND MEN	TAL HYGIENES
CE	RTIFICAT	E OF DEAT	TH

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REG. I	NO.				

250. DATE REC'D. BY REGISTRAR'S S. REGISTRAR'S SIGNATURE JAN 20 1981

4 1 5 4 6 JAN:	138	OR STATE REGISTRAR				ARTMENT OF H CERTIF	EALTH AND MENTAL HYP ICATE OF DEATH	REG. NO		1 5 0
nay be page 3 er death		CEASED NAME OR PRINT)	idna.		zabeth		lewcomer	January	14, 198	7 2b HOUR
ge 4 may ectar, pag	3. SEX	female		4 RACE Whit	e	5. DATE C		6. AGE (IN YEARS LAST BIRTI	MONTHS  YRS.	ERTYEAR IF UNDER 241 DAYS HOURS A
neral dir in 72 havi	-	RTHPLACE (STATE OR OUNTRY)		U.S.A WIDOW		DIVORCED	9 BALTIMORE CITY OF COUNTY OF DEATH Washington		ATH	
10:00		TY OR TOWN OF DE. Hagerstown		11. NAME OF	HOSPITAL, NU THEACILITY, GIVE	STREET DORESS	or other institution	12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF HOUSEWIFE		KIND OF BUSINESS DUSTRY HOME
filled in	130. S	L RESIDENCE (# NUR TATE Md.	13b. COUN	YTY	GIVE RESIDENCE 136 CITY OR Hager	TOWN	13d. INSIDE CITY LIMITS?	Rt 5 Box 2		21740
ed within	14. FA	THER'S NAME FIRST Challes		M.	Leit	er	15. MOTHER'S MAIDEN NA	WIDDLE		ngert
executed and certition		AS DECEASED EVER		MED FORCES? VE WAR OR DATES)		4-2265B	Mr. Charles	L. Newcomer	Smiths	approximate interval
equires that the dear signed by the atten Then please remove at to burial, cremation, nivry, or other trauma	Z	Conditions, if ony gove rise to im cause (a), stati underlying cause PART 2 OTHER SIG	mediate ng the e last.	( (c)_	R AS A CONS	EQUENCE OF	NOT RELATED TO THE TER	MINAL DISEASE OR COND	DITION GIVEN IN	PART Ito
in. has been permit. The prince princ	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		E FINDINGS USED CAUSES OF DEATH?
NG PHYSICIAN: The low requires the attending physician. After this certificate has been signed but the burdal-transit permit. Then plean thand Mental Hygiene prior to burial, arked or them 18 shows any injury, are any orked or them 18 shows any injury, are	MEDICAL CERT	21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED 21d. INJURY OCCUR	CAUSE OF DE	HOUR A R) P 21e. PLACE	M. MONTH	19	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INTUR		R PART 2]
TENDI ital ar OR: A ar use of Heal	W	22s I certify that (I	) ( <del>No. Leap</del> sed alive on	ital) attended th	ne deceosed f	W 1	notified in (my) apiniar	3 to	4 19 8	that (I) (we
TO HOSPITAL OR AT retained by the hasp TO FUNERAL DIRECT should be detached for with the State Dept. or IMPORTANT: If them 2		22 SGNATURE 22d. PHYSICIAN'S N	B.	vk	ley;	mD		MEDICAL STAF DIRECTOR PHYSIC Roadside Avenue	IAN 🗆	1-15-8
TO HOSPITAL retained by the Tro FuneRal with the Store MAPORTANT:	22. 7	UDIAL COSMA	444	IAM W. BAI 5 Roadside Tynesboro.	Avenue			lesboro, Pa. 17268	3	
BP	230. E	URIAL, CREMATION SPECIFY) Burl		Jan. 16			d Cemetery	Ringgold	. Wash, Md	

DHMH - 16 50M 4/83 (VRA 15, 4)

24. FUNERAL DIRECTOR

"Tavis

Funeral Home

Smiths burg, Md.

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## STATE OF MARYLAND

1-1	STATE REGISTRAR			DEPARTN		IEALTH AND MENTAL HYG ICATE OF DEATH	IENES .	REG. NO	US	1	<i>a</i> (
	CEASED NAME	FIRST <b>hn</b>	Na	Ve		ewcomer Sr.	2a DATE O		ry 12,		26 HOUR
SEX	male		4 RACE	ite	5. DATE C		6 AGE (IN)	92		UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
BI	RTHPLACE (STATE OR COUNTRY)	FOREIGN	76 CITIZEN OF	MHAT COUNTRY?	8	DXX NEVER MARRIED		RECITY OF	ton	FDEATH	MD.
	TY OR TOWN OF DE	ATH		HOSPITAL, NURSIN HEACILITY, GIVESTREET		DR OTHER INSTITUTION		OCCUPATION FOR MOST OF		12b. KIND O INDUSTRY	F BUSINESS OR
	AL RESIDENCE (F NUR STATE Md.	136. CQUN		GIVE RESIDENCE BEFORE 13c CITY OR TOWN Hagersto	N	134 INSIDE CITY LIMITS? YES \( \text{NO } \text{X}	13e.STREET	ADDRESS /		2:	1740
. FA	THER'S NAME FIRST JOSOPH		WIDDIE	New Come I		15 MOTHER'S MAIDEN NAME FIRST SUSSAINA	ME	WIDDLE		FAS	Bayer
	VAS DECEASED EVEL YES, NO OR UNKNOWN)		S MAR OR DATEST	166 SOCIAL SECUI 220-34-22		Mr. Charles	L. Nev	ADDRES		sburg	, Md,
	18 CAUSE OF DEAT PART I. DEATH V	WAS CAUSE	nly one couse per D BY: TE CAUSE (o)	ling for (a), (b), one	انها ا	uhuman	2	ilu	N	APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
	Conditions, if any gove rise to im couse (a), state underlying cous	mediote ng the	(b)	R AS A CONSEQUE	CV	·D /				7	ν 
2	PART 2 OTHER SIG	NIFICANT (	CONDITIONS <u>C</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEAS	E OR COND	ITION GIVEN	IN PART 1	0
IFICAL	19a DATE OF OPERA	ATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO	OPSY?			OF DEATH?
CAL CER	210. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEA	HOUR A.	FINJURY M. MONTH DA M.	Y YEAR	21c HOW INJURY OCCUR	RED (ENTERNA	ATURE OF INJURY	IN ITEM 18 PAR	T CR PART 2)	
MEDI	21d INJURY OCCUP	/HILE	21e PLACE (AT HOME STE	OF INJURY REET, FACTORY, OFFICE, FA	ARM ETC )	211 LOCATION STREET		CITY OR TOW	/N	COUNTY	STATE
					12			1	-		

DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22e ADDRESS

WILLIAM W. BARKLEY, M.D.

5 Roods for Average
236. BURIAL, CREMATIOWS MESSAGE AVERAGE
24 PECKY)

BURIAL TO BURIAL TO

23c. NAME OF CEMETERY OR CREMATORY Ringgold Cemetery

Ringgold, Wash, Md.

STATE

24 FUNERAL DIRECTOR

Davis Funeral Home

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

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# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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JAN	16	FOR STATE BEGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH REG. NO.								1 5 6			
		CEASED NAME FIN	rs i	MIDDLE	1.	AST		20. DATE OF DEAT	нтиом Н	DAY	YEAR	2b. HOL	R		
	(11)	Ray	mond	A.	No	ll Sr.			1	4	87	-11	AM		
	3 SE	X	4. RACE		S. DATE C		YFAR	6. AGE (IN YEARS LAS	T BIRTHDAY)	IF UNI	DER I YEAR	IF UNDER	2J HRS		
	1	Male	What	ite	Marc	_	1920	66	YR:		DAYS	HOURS	AIN.		
1	7a. B	IRTHPLACE (STATE OR FOREK	Th. CITIZEN OF	WHAT COUNTRY?	8 AAA DD IEI	NEVER		9 BALTIMORE CIT			EATH				
7		Md.	U.	S.A.	WIDOWE		WORCED [	Washi	ngton	Co.			MD.		
0	10. C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INS	TITUTION	126. USUAL OCCUP			L KIND O	F BUSINE	SS OR		
7		Hagerstown	Wash	ington Co	o. Hos	pital		Gear Cu			Too	l Co			
1			ome or other institution COUNTY Franklin	13c. CITY OR TOW	VN I	13d. INSIDE (	NO [	13e STREET ADDRE			9	49	gy.		
-	14, F/	ATHER'S NAME	* 1 (1111/11111	Wa,y 116 S	30010	-	S MAIDEN NA		P. COLL TE	STO 1	Ave.				
23	5	Arthur	MIDDIE S.	Nol 1			FIRST	MIDDI	E		(AS				
. (.,	16a V	WAS DECEASED EVER IN U	-	-10	JRITY NO	17. INFORMA	Ethel		DRESS		Smi	th			
5	(	YES, NO OR UNKNOWN)   IF	YES, GIVE WAR OR DATES) WW II	183-12-		Mrs	-	Waynes	boro,	Pa.	. l	7268			
	CERTIFICATION	Conditions, if ony, wh gove rise to immedicause (a), storing underlying cause le	ich (b) to the cost. (c) DUE TO, (c) CANT CONDITIONS C	DR AS A CONSEQUI	ENCE OF ASTO	ATIC NOT RELATED	C ANC	INAL DISEASE OR C			PART 110		10 h		
	TIFIC	THE DATE OF CITERATION	170	inovior wines	OFERATION	· WASTERIC	JKMED .	YES NO	IN CER		CAUSES				
2	MEDICAL CER	21g. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX	OF DEATH HOUR A	OF INJURY M. MONTH D. M.	AY YEAR			RED (ENTER NATURE OF	INJURY IN ITEM	18 PART I C	OR PART 2)				
	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	CAT HOME S	OF INJURY TREET, FACTORY, OFFICE, F	FARM, ETC )	211 LOCATE		CITY C	RTOWN		OUNTY	S	TATE		
		22a.1 certify that (1) (this hospital) attended the deceased from									from the	couses sto	we) lost		
			J. Trace J	r.		22e ADDRES		etam St.	Hager	stow	n. M	d.	21740		
	23a. 6	BURIAL, CREMATION, REM		0-		EMETERY OR		23d LOCATION	٧.	COU		5	TATE		

9250 S. Broad St.

17268
Waynesboro, PAN 1

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

OHMH 16 60M 7/84 (VRA 15, 4)

BP.

Elected telling and a specific telling .T. Date . . . Smellon عليه وبعادها الله فيالمدد الله على قيلات

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detacked for use as the burial-transit permit. Then please remove carbon poper. Pages with the Stote Dept. of Health and Mental Hygiene prior to burial, cremation, or remayol.

BP. DHMH - 16 50M 4/83

(VRA 15, 4)

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page 3 er deoth

STATE OF MA	ARYL	AND
DEPARTMENT OF HEALTH	AND	MEN
CERTIFICATE	OF	DEAT

1- ST	OR LATE GISTRAR		DEPARTA		EALTH AND MENTAL HYG	IENES /	0 3	1 5	2
000	SED NAME FIRST	A	AIDDLE	· ·	AST		MONTH DAY	YEAR	2b HOUR
(TYPE OR P		Ma	and 4 m	TO	ALMER	To myomy 1	8. 1987	,	
3. SEX	nussell	4 RACE	irtin	5. DATE C		January 1	-	UNDER I YEAR	IF UNDER 24 H
				MONTH	DAY YEAR	AGE (INTEARSTASTOR		VIHS DAYS	HOURS MI
Ma		White		Augu	st 24, 1891	95	YRS.		
COUN	IPLACE (STATE OR FOREIGN NTRY) Vland	U.S.	WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	_	FDEATH	
	or town of death erstown		OSPITAL, NURSIN HEACILITY, GIVE STREET COUN	IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST CE LECTRICIA	ON OF WORKING LIFE)	12b. KIND OF INDUSTRY Cenen	BUSINESS
13a. STA1	TE NA COUR	OTHER INSTITUTION, NTY Sh.	GIVE RESIDENCE BEFORE 134. CITY OR TOW Hagersto	N	13d INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDRESS 1155 Jeff	ZIP CODE	Blvd.	2174
1	er's name First riah	MIDDLE M	Palmer		15. MOTHER'S MAIDEN NA Mary	MIDDLE		Hesso	ng
	DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRI	ESS		
no		E WAR OR DATES!	213-10-6	846	Mrs. Calmeda	V. Palmer.	Hagers	stown.	Md.
PA PA	onditions, if ony, which love rise to immediate ause (a), stating the nderlying couse last.  ART 2. OTHER SIGNIFICANT CAPE OF OPERATION	DUE TO, OF	ntive /	ENCE OF WS (U DEATH BUT OPERATIO	N WAS PERFORMED	lerateo Can	20b. IF YES, V	A Se se	GS USED
E 210	1-17-87	7 216, TIME O	FINJURY	Kigh	TEP.	YES NOW	YES [		но 🗌
	R CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH D			TELLER TATORE OF 11400	and the same		
WED 21c	(IF EITHER, NOTIFY MEDICAL EXAMINE)  d. INJURY OCCURRED  WHILE NOT WHILE WORK	21e. PLACE		ARM, ETC )	211 LOCATION STREET	CITY OR TO	)WN	COUNTY	STATE
	sow the deceased alive or		- (8 19	87.0	nd that in (m) (our) opinion	death occurred on the d	ote and hour a		hor (I) (we) I
221	b. SIGNATURE	Heer	after death.	- (	DEGREE  ATTENDING PHYSICIAN	MEDICAL STA	FF	22c. DATE S	
220	enarles F	. /	55 M.	0.	Smiths)	vag WD			
23a BURI ISPEC	ial, cremation, removal Cify) Burlal	23b. DATE Jan. 22,	77.520-		EMETERY OR CREMATORY Cemetery k's Lutheran	236 LOCATION CITY OR TOWN Wolfsyll	979	ed., )	STATE
Dav:	name Funeral Ho	me. Smi	thsburg	Ma	21282 FFR	E REC'D. BY REGISTRAN	256 REGISTRA	R'S SIGNATU	JRE

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07/84 25M

**DHMH - 17** 

(VR A15 ME (5))

BP 24 FUNERAL DIRECTO

230 BURIAL, CREMATION, REMOVAL

Jan. 21, 1987

Home.

Smithsburg Crematery

STATE

Smithsburg. Wash. 250. DATE REC'D. BY REGISTRAR 25b. FEB

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day, atla, james, tanet, elle, car.

avis Auneral Dos, michaburg, Md., 21785

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FOR STATE REGISTRAR

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
CEDTIFICATE OF DEATH	,

CERTIFICATE OF DEATH

.2 5 3 REG. NO.

		ASED NAME	FIRST		MIDDLE	L	AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
			George	e N	MN	Po	und	1-1-87	4:091
3.	SEX			4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR FUNDER 24 HRS
		Male		White	•	Feb	. 20, 1908	78 YRS.	MONTHS BATS HOURS MIN.
70		HPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
M		yland		U.S.A		WIDOWE		Washington	n M
O 10	. CITY	OR TOWN OF DEA	тн	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION	17b. KIND OF BUSINESS OF
	-	erstown			te acility, Give street.		spital	Laborer	Potomac Ediso
	a ST	RESIDENCE (IF NURS ATE	136 COUN Was	ITY	GIVE RESIDENCE BEFORE 13 CITY OR TOW - Hagerste	N	13d. INSIDE CITY LIMITS? YES NO L	136 STREET ADDRESS / ZIP COL 1700 Garden La	ne 21740
114	FAT	HER'S NAME UNKNOWN	,	MIDDLE	1AST		15. MOTHER'S MAIDEN NA  Maude	Oswald	Pound
7 16		S DECEASED EVER			166 SOCIAL SECU		17 INFORMANT	ADDRESS	
	(YE	no or unknown)	(IF YES, GIVI	WAR OR DATES)	214-09-8	407	Gladys L. Po	ound, Hagerstown,	Md., 21740
	202	Conditions, if ony, gove rise to imm couse (a), stofin underlying couse	nediate g the lost	DUE TO, O		NCE OF	NOT RELATED TO THE TER/	AINAL DISEASE OR CONDITION G	IVEN IN PART TO
2		M DATE OF OPERA	ION	146 COND	HON FOR WHICH	OPERATIO	IN WAS PERFORMED	IN CERT	IFYING CAUSES OF DEATH?
/		TO ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBU	AUSE OF DEA			YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN 11EM 18	PART   OR PART 2)
A DICES		TWORK NOT WHILE NOT WHILE NOT WHILE AT WOR	HE C	21e. PLACE (AT HOME ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	12	20.1 certify that (1) sow the decrase above, (1) (we) (c		12 46.	V //	, 01	nd that in (my) (our) opinion	death occurred on the date and ha	that (1) (we) los our and from the causes stated
		26. SIGNATURE	lyd	1			DEGREE ATTENDING PHYSICIAN (	MEDICAL STAFF DIRECTOR   PHYSICIAN	1-1-27
	1	2d PHYSICIAN'S NA	THE O	1/3 ohn	1		312 fr In	. Ohrvary Agg	ush, al.
23		RIAL, CREMATION,		16. DATE	23c N	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
	(5)	Crema	tion	Jan.2	1987 S	miths	burg Cremator	Smithsburg,	Wash., Md.
7/84		vis Funer	Jes al Ho	me. Sm:	iths burg,	Md.,	21783 JA	HE REC'D. BY REGISTRAR 256. REGIS	STRAR'S SIGNATURE

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d. Larerston. x 1905 attach lane 21240

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210-09-1007 Cladys L. Found, hasematown, Ma., 21200

Orenation Jan.2,1937 July Greatory Calthours, Jan., Jal.

vis uneral Home, Smithsours, Md., 21783 118 487 dis fortal Home,

	- STATE REGISTRAR		CERT	F HEALTH AND MENTAL HYG TIFICATE OF DEATH	REG. NO.	3 : 3 4
	CFASED NAME FIR	Alvie	Russell .	PRYOR		26 87 930
3. SE	Male			E OF BIRTH y 28, 1916	6. AGE (IN YEARS LAST BIRTHDAY) 70 YRS.	MONTHS DAYS HOURS
1	IRTHPLACE (STATE OR FOREK COUNTRY) Maryland	U.	S.A WIDO	RIED NEVER MARRIED WED DIVORCED	BALTIMORE CITY OR COUNTY	
	lagerstown	(IF NOT IN S	F HOSPITAL, NURSING HOM BUCH FACILITY, GIVE STREET ADDRESS) VILLA NURSIN		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING  Plumber	12b KIND OF BUSINES INDUSTRY  Plumbing
		COUNTY Wash.	DN. GIVE RESIDENCE BEFORE ADMISSION BOONS DORO	134 INSIDE CITY LIMITS? YES NO X	Rt 2 217	
14 F	ATHER'S NAME RUSSELL	Samuel	Pryor	15 MOTHER'S MAIDEN NA FIRST  Jennie	ME MIDDLE Rebecca	Barkman
	WAS DECEASED EVER IN U	J.S. ARMED FORCES YES GIVE WAR OR DATES)	215-07-9423	Rose M. Frus	ADDRESS shour Smithsbur	g, Md.
		ich 4	DIADIN	10 1120 10		
		ote the DUE TO, ost (c)	OR AS A CONSEQUENCE OF  CEREBY A VAS CONTRIBUTING TO DEATH B	ulan acci		IVEN IN PART TO
IIFICATION	gove rise to immedia couse (03, stating underlying couse lo	ote the DUE TO, ost. (c)	or as a consequence of Cerebra Vas C	: ulan acción ut not related to the term	AINAL DISEASE OR CONDITION G  200 AUTOPSY? 206 IF Y IN CERT	IVEN IN PART TO  ES, WERE FINDINGS USED  IFYING CAUSES OF DEATH  YES NO NO
CAL CERTIFICATION	gove rise to immedia couse (o), stoting underlying couse la PART 2 OTHER SIGNIFIC	OTE TO, DUE TO, OSST (C)	OR AS A CONSEQUENCE OF CONTRIBUTING TO DEATH B	TION WAS PERFORMED  211. HOW INJURY OCCUR	AINAL DISEASE OR CONDITION G  200 AUTOPSY? 206 IF Y IN CERT	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH YES NO
MEDICAL CERTIFICATION	gove rise to immedia couse (a), stoting underlying couse la PART 2 OTHER SIGNIFIC 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE	OTE TO, DUE TO, DOST (C)	OR AS A CONSEQUENCE OF CONTRIBUTING TO DEATH B	TION WAS PERFORMED  21c. HOW INJURY OCCUR 21l. LOCATION	200 AUTOPSY? 200 IF YES NO	ES, WERE FINDINGS USED FIFYING CAUSES OF DEAT YES NO

Wolfsville, Fred. Md.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

Davis Funeral Home

Jan 29, 198

Smithsburg, Md.

TO FUNERAL DIRECTOR, After this certificate hishould be detoched for use as the burial-transit powith the State Dept. of Health and Mental Hygien

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ministe may 25, 1916 90

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\_urial \_.an,20,1907 Lt.Mark's Lutheren Les. soliaville, red.cd.

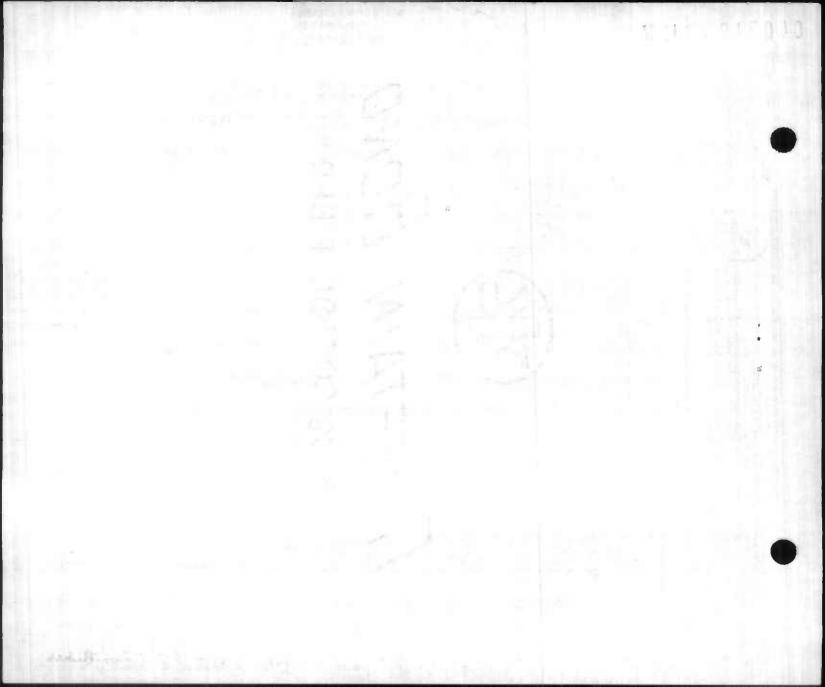
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	ECEASED NA	ME	FIRST		WIDDLE	LAST		2a DATE		MONTH DAY	YEAR 75 HOU
- "	TPE OR PRINT)	D	USTIN	Wa	ayne	REDMAN		OF	H MATED	1 3	19 87
3 SI	male	4 RACE		arch 28,	VEAR LAST BIRTHINAN	S IF UNDER 1 YR.	IF UNDER	24 HRS. 2c. DA MIN. PRONOI	UNCED	MONTH DAY	19 87 3 5 5
5 1	BIRTHPLACE OREIGN COUNTR	(STATE OR		CITIZEN OF WH	IN	MARRIED N	EVER MARRI	1 BAIT	IMORE CITY OR	COUNTY OF	
	Maryla ITY OR TOW		U 117	USA	PITAL, NURSING HOME,	WIDOWED .	DIVORCI	VVCS	hington		IND OF BUSINESS
	lagerst.			(IF NOT IN SUCH EA	cility, give street address)  ton County H		NON	FOR MOST OF W	VORKING LIFE)	DE WORK	R INDUSTRY
13a.	JAL RESIDENC STATE Maryla	113	NG HOME OR OT		Hagerstown	13d INSIDE	CITY LIMITS?	13e STREET ADD	RESS	Apt. 2	21740
17	FATHER'S NAME FIRST B11		Llo	vd	Redman		ER'S MAIDE		MIDDLE		rast Pepple
	WAS DECEAS			FORCES?	166. SOCIAL SECURITY				ADDRESS		геррие
	no	(,	I TES, GIVE WAR	OK DATES)		Wand	la Jo	Pepple,	Hagersto	own, Mc	
	C 15		1 1		AS A CONSEQUENCE O						
NOI	gave couse lying c	3.77	nmediate he <u>under-</u> ONDITIONS (ON	DUE TO, OR  (c)  TRIBUTING TO DEATH	NET NOT RELATED TO THE TERMIN	nchitis F IAL DISEASE OR CONDITIO		T I (a)			
IFICATION	gave couse lying c	rise to in (a) stating th ause last.	nmediate he <u>under-</u> ONDITIONS (ON	DUE TO, OR  (c)  TRIBUTING TO DEATH	nronic bro AS A CONSEQUENCE O	nchitis F IAL DISEASE OR CONDITIO		Tlia		20	AUTOPSY?
CALCERTIFICATION	gave couse lying c PART 2 OTHER  19a DATE C	rise to im (a) stating the ouse lost.  SIGNIFICANT (  DF OPERATI  NAL CAUSE  NG OR  TING CA	ONDITIONS CON	DUE TO, OR  (c)  IRIBUTING TO DEATH I  19b. CONDIT  21b. TIME OF HOUR A.M. TH P.M.	ATONIC DYO AS A CONSEQUENCE O  RUT NOT RELATED TO THE TERMIN  TON FOR WHICH OPERA  INJURY MONTH DAY YEAR  19	nchitis F IAL DISEASE OR CONDITIO	RMED?		INJURY IN ITEM 18 PAR		AUTOPSY? YES <b>X</b> NO []
MEDICAL CERTIFICATION	PART 2 OTHER  19a DATE C  21a EXTERI UNDERLYIN CONTRIBU	rise to im (a) stating th ause lost.  SIGNIFICANT (  DF OPERATI  NAL CAUSE  NG OR	ONDITIONS CON	TRIBUTING TO DEATH  196 CONDIT  216 TIME OF HOUR A.M. 216 PLACE C	ATONIC DYO AS A CONSEQUENCE O RUT NOT RELATED TO THE TERMIN TON FOR WHICH OPERA INJURY MONTH DAY YEAR	nchitis F AL DISEASE OR CONDITION	RMED?				
MEDICAL	PART 2 OTHER  19a DATE C  21a EXTERI UNDERLYIN CONTRIBU 21d INJURY WHILE AT WORK  22a I ce	PISSON TO THE PROPERTY OF OPERATION OPERATION OPERATION OPERATION OPERATION OPERATION OPERATION OPPORT	ONDITIONS CONTIONS CO	DUE TO, OR  (c)  19b CONDIT  21b. TIME OF HOUR A.M. TH  21e PLACE C STREET, FACT	ATONIC DYO  AS A CONSEQUENCE OF  RUI NOT RELATED TO THE TERMIN  TION FOR WHICH OPERA  TINJURY  MONTH DAY YEAR  19  DE INJURY (AT HOME.	AL DISEASE OR CONDITION  AL DISEASE OR CONDITION  TION WAS PERFORE  21c. HOW INJURY  21f. LOCATION  STREET  Autopsy XJ.  ide J. Homi  JITLE (S.  M.D. ASS.	Inspection cide  SPECIFY) Sistan	CITY OR I	ry , and a	COUNTY  IN MY OPINION  DATE SIGNED 1	YES X NO [

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uneral director, page 3

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 

U	5	- 5	-1	
REG. NO.				

3 1	71 -	FOR STATE REGISTRAR			OF HEALTH AND MENTAL HYD TIFICATE OF DEATH	GIENS / 0 3	3 0
				L.	reed	20 DATE OF DEATH MONIH D	6-87 8:51P M
	3 SEX	'emale	4 RACE White		ugust 25,1930		IF UNDER 1 YEAR IF UNDER 24 HRS
5		RTHPLACE (STATE OR FORE OUNTRY)			RRIED NEVER MARRIED	Washington	OF DEATH MD.
6	100	TY OR TOWN OF DEATH		OSPITAL, NURSING HOMES	Hospital	120 USUAL OCCUPATION (TYPER WORK FOR MOSTOF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY Home
20	USUA 13a S Ma	AL RESIDENCE (IF NURSING TATE Tyland	Washington	GIVE RESIDENCE BEFORE ADMISS		13e.STREET ADDRESS / ZIP CODE Rfd. 1 Box 266	21795
1	14. FA	THER'S NAME FIRST John	WIDDLE	Ardinger	15 MOTHER'S MAIDEN NA	MIDDLE	Bowers
			U.S. ARMED FORCES? FYES, GIVE WAR OR DATES)	218-24-888			Box 266 msport, Md.
		PART I. DEATH WAS	inter only one couse per CAUSED BY: MEDIATE CAUSE (a)	line for (0), (b), and (c), and (c)		t	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  immediate
		Conditions, if ony, w gove rise to immed cause (a), stating underlying cause	hich (b)	RAS A CONSEQUENCE COLOR  RAS A CONSEQUENCE COLOR  HAS A COLOR  HAS A CONSEQUENCE COLOR  HAS A CONSEQUENCE COLOR  HAS A CO	nay artery	disease ascular diseas	years years
2	CERTIFICATION	PART 2 OTHER SIGNIFI RECENT 190 DATE OF OPERATIO	Myocarde	al infarctu			WERE FINDINGS USED ING CAUSES OF DEATH?
	-0.	210 ACCIDENT WAS UNDERLOOP CONTRIBUTING CAU	SE OF DEATH HOUR A.	M. MONTH DAY YE	EAR 19	RRED (ENTER NATURE	RT I OR PART 2)
1	MEDICAL	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY EET, FACTORY, OFFICE, FARM, ETC	214 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	8	sow the deceased obove (1) (we) (aid)	/\	19.87	, ond that in (my) (aur) opinion	deoth of urred on the date and hour	9 that (I) (we) lost and from the couses stated
6		WS X	100d	/	M D ATTENDING	MEDICAL STAFF DIRECTOR   PHYSICIAN	1-16-87
		W5	Hood	MD	138 EAnti	retum St., Hage	erstown, md.
	j	BURIAL, CREMATION, REA SPECIFY) BURIAL	1-20-8	Boon Boon	sboro Cemetery		sh. Co., Md.
		ohn H. Bast,	Bast Fune Jr. Boor	ral Home nsboro Mary		TE RECD. BY REGISTRAR 256 REGISTR	AR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If Item 21 is morked or Item 18 shows any injury, ar other traumatic event, the medical TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and a should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, at removal.

Andrews States County costs of the Parkers of title to the Table A CONTRACT AND LANG. DESCRIPTION OF THE PROPERTY OF THE PROPER

41893

71 - STATE

REGISTRAR

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

CERTIFICATE OF DEATH

	REG. N	0.				
	20 DATE OF DEATH	MONTH	DAY	YEAR	2b HOL	JR .
	January	19,	1987			
	6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDE	RIYEAR	IF UNDER	24 HR
0 7	00		MONTHS	DAYS	HOURS	MIN

	CEASED NAME	FIRST	•,	widdle veryll	0	AST A	20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
(1111	Bee	eter	orence	e E,	K	eedu	January	19,	1987	/
3.58	X.	7	RACE		5. DATE O		6. AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	female		whi	te	Jar	nuary 24, 189	7 89	YRS	MONTHS DAYS	HOURS MIN.
	RTHPLACE (STATE OR S	FOREIGN 7	CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY	R COUNT	TY OF DEATH	
	Pennsylvan		USA		WIDOW		Washir	ngton		M
10 C	ITY OR TOWN OF DEA	ATH 1		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT			F BUSINESS OR
	Hagerstown			gton Cour		spital	housewi		tire) INDOSTRI	
13a S	al residence (IF NURS STATE Maryland	13b COUNT		Damascus	N	13d. INSIDE CITY LIMITS? YES 🔼 NO 🗌	13e STREET ADDRESS 10401 Ma			08/2
TILE	ATHER'S NAME		1774	V 14-		15. MOTHER'S MAIDEN NA				
0	James		B.	Ward, S	Sr.	Harriet	Wrigh	t	Ba	ayless
	VAS DECEASED EVER			166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDR	ESS		
1	no	(IF TES, GIVE	WAR OR DATES)	173-50-4	4301	Audrey Esle	r, Hagersto	wn, M	ld.	
	18 CAUSE OF DEAT			line for (o), (b), on	dicit				BETWEEN	IMATE INTERVAL ONSET AND DEATH
	PART I. DE ATH W	AS CAUSED		CA	HEDIA	C ARRES	7			
	Conditions, if ony, gove rise to improve (o), stotin underlying cause	nediote ig the	(b)_	R AS A CONSEQUE Ph	eum	ong				
Z	PART 2 OTHER SIGN	VIFICANT CO	ONDITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	IDITION G	IVEN IN PART 10	0
CERTIFICATION	19a DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDING CAUSES	
EDICAL CER	OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEATH	21b. TIME O HOUR A. P.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18	PART ( OR PART ?)	
MEDI	21d. INJURY OCCURI	HIE 🗍	21e, PLACE (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET	CITY OR TO	NWO	COUNTY	STATE
	22a.1 certify that (1)	(this hospito	il) ottended th	e deceosed from_			, to		. 19	that (I) (we) los
7	sow the deceose obove, (I) (we) (c			ofter death.	. 0	nd that in (my) (our) opinion	deoth occurred on the d	ote and ha	our ond from the	couses stated
	22b. SIGNATURE		edu			DEGREE  ATTENDING PHYSICIAN [	MEDICAL STA		22c. DATE	SIGNED
	22d. PHYSICIAN'S NA ABDUL	ME (TYPE OR I	PRINT)	mo		1610- OAK 1		1.	ERJOWN	v. mo
-										

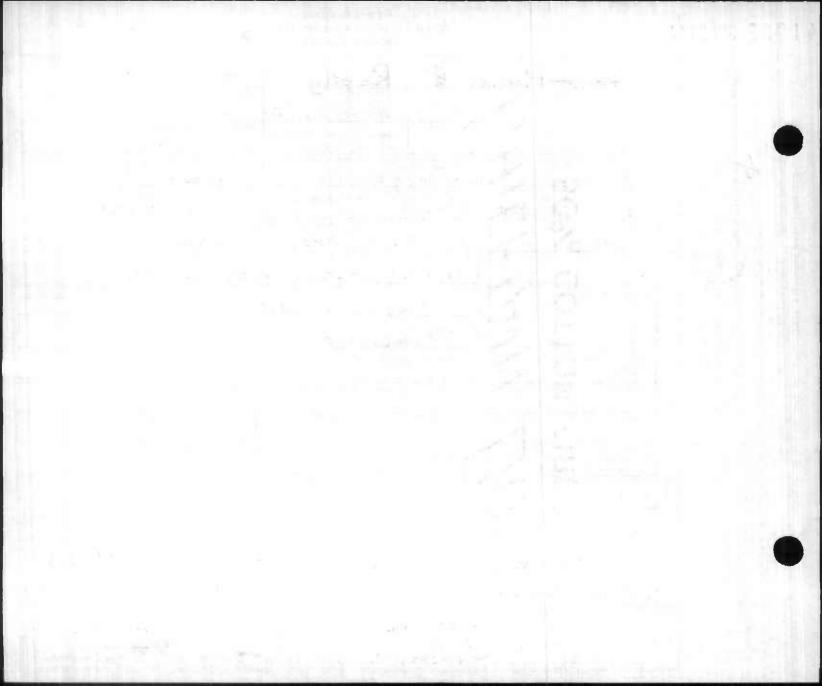
230 BURIAL, CREMATION, REMOVAL (SPECIFY) burial 22,1987 Mount Airy Cemetery Natrona Hgts., Allegany, Pa.

MINNICH FUNERAL HOME 24 FUNERAL DIRECTOR 415 E. Wilson Blvd., Hagerstown, Md. 21740

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

MPORTANT: #



FOR

REGISTRAR

FIRST

Etta MIDDLE

I. DECEASED NAME

017 - STATE

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IMPORTANT: If them 21 is marked ar them 18 shows

BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)

### STATE OF MARYLAND CERTIFICATE OF DEATH

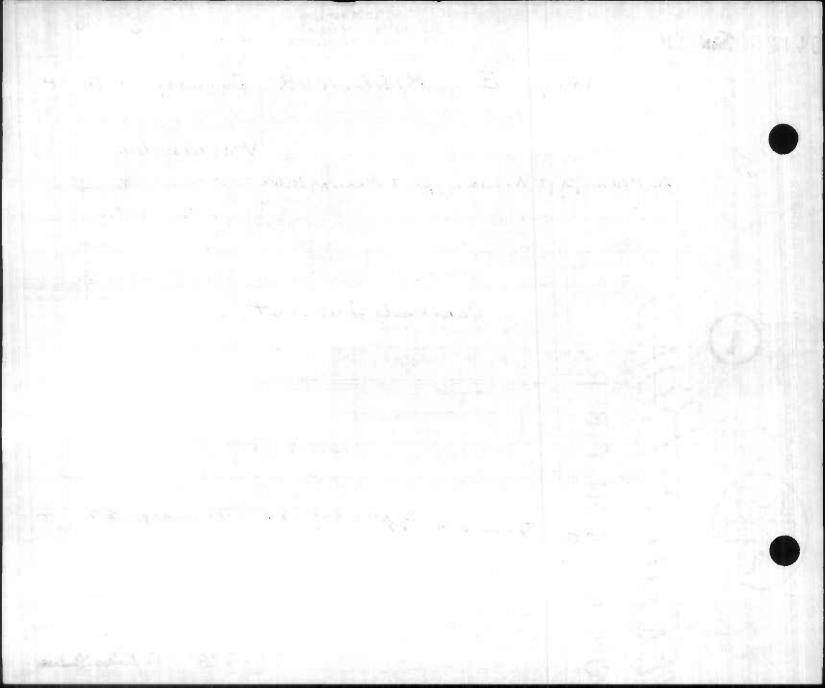
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26 HOUR

REG. NO.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 20 DATE OF DEATH MONTH

(TYP)	OR PRINT)	2 + 1/	E		RID	ENOU	R	Janua	-hW	14 1987	9 A M
3. SE	X	1 4	RACE	75	S. DATE	OF BIRTH		6. AGE (IN YEARS LAST BIR		TE LEDER I YEAR	IF UNDER 24 HRS
fe	male	. = 1	white		Feb	ruary 4, 1	905	81	YRS.	MONTHS DAYS	HOURS MIN.
70 B	RTHPLACE (STATE OR I	FOREIGN 7b	CITIZEN OF	WHAT COU	VTRY? 8	ED NEVER MARRI	ED [	9. BALTIMORE CITY		Y OF DEATH	
	Maryland		US	A	WIDOW			Machi	nat	4.0	MD.
10 C	ITY OR TOWN OF DEA	ATH 11				OR OTHER INSTITUTI	ON	120 USUAL OCCUPAT			F BUSINESS OR
W	illin me	Ourt	Will	CHIPACILIT, GIVI	DO + T	Vicina	ome	proof-rea			ublishing
	AL RESIDENCE (IF NUR	ING HOME OF OT		13c CITY O	BEFORE ADMISSION			13e STREET ADDRESS			201111
Ma	ryland	Washin			rstown	YES X NO	VIII3:	19 W. Wil	son B	lvd.	2174
14 FA	THER'S NAME	44.17	DDIE	1.A		15 MOTHER'S MAI	DENNAM				
	Casper	Α.		Kenne		Minnie		E.		Ever	
	VAS DECEASED EVER				L SECURITY NO.	17 INFORMANT		ADDR	SS	DVCI	
(	YES NO OR UNKNOWN)	(IF YES, GIVE V	VAR OR DATES)	214-09	9-1251	Mr. Elwo	od K	ennedy, Ha	gerst	own, Md	
	18 CAUSE OF DEAT	H (Enter only	one couse pe	er line for (p).	(b), and (c)						MATE INTERVAL
	PART I. DEATH W	AS CAUSED	BY.	Cab.	01	Infa	7	-		0.111(213)	SASET AND DEATH
		IMMEDIATE			W Land	77-71					
	Conditions, if any,	which	DUE TO, C	OR AS A CON	SEOUENCE OF						
	gove rise to imm	mediate	(p)_			PER COLUMN					
	cause (0), stating underlying cause		DUE TO, C	OR AS A CON	SEQUENCE OF						
	DART 2 OTHER SICK	HEICANIT CO	(c)_	ONITRIBUTIN	C TO DEATH BU	T NIOT DELL'ED TO T	IF YED.	Lui Dictict on con			
N	PART 2 OTHER SIGN	VIFICANT CO	NDITIONS C	ONTRIBUTIN	G TO DEATH BU	I NOT RELATED TO TE	HE LEKWI	NAL DISEASE OR CON	DINON GI	IVEN IN PART TO	5
CERTIFICATION	19a DATE OF OPERA	TION	196 CONE	OITION FOR V	VHICH OPERATION	ON WAS PERFORMED		Z0g AUTOPSY?	20b. IF YE	S, WERE FINDIN	NGS LISED
IFIC			1.0					YES TO NOT	IN CERT	IFYING CAUSES	OF DEATH?
CERT	21a. ACCIDENT WAS UND	DERLYING	21b. TIME	OF INJURY		21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJU			140
	OR CONTRIBUTING				H DAY YEAR						
MEDICAL	(IF EITHER NOTIFY MEDIC			OF INJURY	19	21f LOCATION					
ME	WHILE   NOT WH				OFFICE, FARM, ETC.)	STREET		CITY OR TO	WN	COUNTY	STATE
			Dattandad t	ha dassassad .	- Se at	Per hen 10	9/0	. 10 Vanu	0.514	47	
	sow the decease above, (1)	ed olive on	5 mag	rv 14	10 87	and that in (my (pur)	apinian de	enth occurred on the de	ate and ha	ur and from the	that (I) ( lost
	obove, (I) (II) (II) 177b. SIGNATURF	(did not)	view the bod	y offer deoth.		DEGREE			ne one no	22¢ DATE	
	1 8	1/2	MI			ATTEN	DING _	MEDICAL STA	FF	ZZC DATE	SIGNED
	224 PHYSICIAN'S NA	11000e	MD			PHYSI 22e ADDRESS	CIAN.	DIRECTOR PHYSIC	IAN 🗌		
	12		K (PA) }			THE ADDRESS					
	TED E. HO		-							1	
(	BURIAL, CREMATION,		23b DATE			CEMETERY OR CREMA		23d LOCATION CITY OR TOWN		COUNTY	STATE
	urial					aven Cemet	ery	Hagerstow			
	UNERAL DIRECTOR						25a DATE	REC'D. BY REGISTRAR	25b REGIS	TRAR'S SIGNAT	URE
41	5 E. Wilso	n Blvd	., Hag	erstow	n, Md.	21740	JAN	1 10 1987	Gulea	Dender.	andres



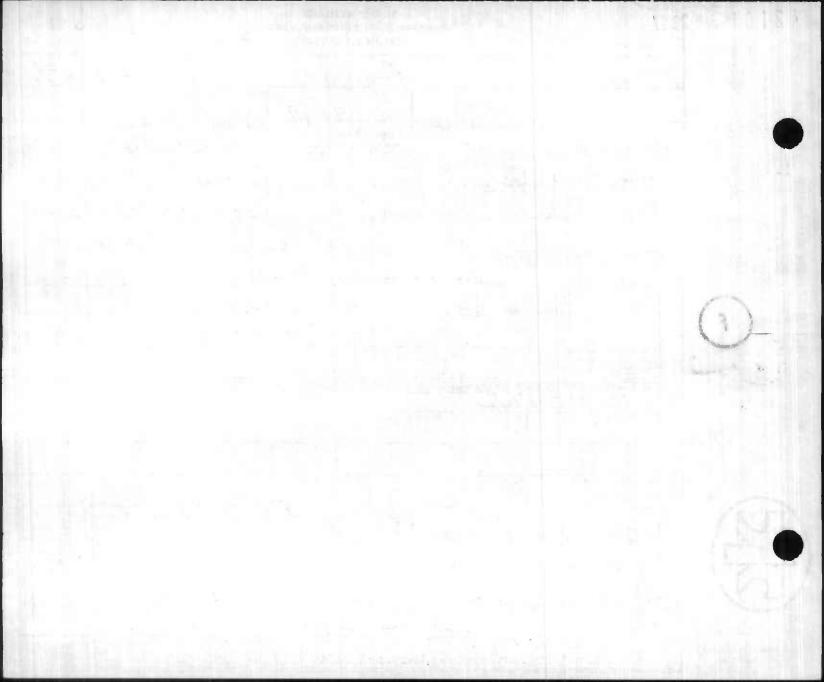
TO FUNERAL DIPER should be detached with the State Detaction IMPORTANT. If him

DHMH - 16 50M 4/83

(VRA 15, 4)

21	AIL	OF.	MARY	LAND

I	1 - STATE REGISTRAR	DEPARIM		FICATE OF DEATH	REG. NO	U J	, :	0
ŀ	I. DECEASED NAME FIRST	WIDDLE	0	LAST		MONTH DA	Y YEAR	25 HOUR
L	(TYPE OR PRINT) RAY MONCH	/ Leon	Kid	enour	/	- 17.	-87	4 2% AM
h	3. SEX	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS
ı	m	W	MONTH	DAY YEAR	67	YRS MO	INTHS DATS	HOURS MIN.
P	To. BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY O		F DEATH	
	Balto Ind.	USA	WIDOW		WASH	11197	on	MD
Ī	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING UPTOT IN SUCH, FACILITY, GIVE STREET A		OR OTHER INSTITUTION	12a USUAL OCCUPATE			F BUSINESS OR
ı	Hagerstown	Garlock N	59	Home	Dishwashe	T WORKING EITE	totom	ac Dine
	USUAL RESIDENCE (IF NURSING HOME OR 130 STATE 13b. COUN				13e STREET ADDRESS	7 IP CODE		
	Md Wa	sh Hagers		YES NO	924 Lany		4	21740
1	14 FATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	WIDDLE		1 IAS	1
l	Charles	Barrow		Louise			Kider	2005
T	160 WAS DECEASED EVER IN U.S. ARA (YES, NO OR UMKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECUR	RITY NO.	17. INFORMANT	ADDRE	SS		
L	NO	216-14-6	580	Mrs. Mary E.	Ridenour,	Hagerst		
ſ	18 CAUSE OF DEATH (Enter onl	y one couse per line for (o), (b), and	ICI I	0. 11			BETWEEN	MATE INTERVAL ONSET ANO DEATH
ı	PART I. DEATH WAS CAUSED	E CAUSE 10) CAYCLU	nu	monay H	rvest			
ı		DUE TO, OR AS A CONSEQUE	NCE OF	D ' /	1		19	011
1	Conditions, if ony, which gove rise to immediate	(b) Organ	e	Draw Jyn	Anna		11/	07
ı	couse (o), stoting the	DUE TO, OF AS A CONSEQUE	NCE OF	, X. c				
ı	underlying couse lost	1 10 FATICIA	JM.	) 1) 1 Seas	هـ			
I		ONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION GIVEN	IN PART 10	D
1	NO POPULATION  110. ACCIDENT WAS UNDERTYING   210. ACCIDENT WAS UNDERTYING   110. ACCIDENT WAS UNDERTYING WAS UNDERTYING   110. ACCIDENT WAS UNDERTYING	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
ı	TI.				YES NO	YES		OF DEATH?
1	210. ACCIDENT WAS UNDERLYING	LIGHTS A M. MONITH DA	V YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INSU	EY IN ITEM IS PAR	T I OR PART 2)	
1	OR CONTRIBUTING CAUSE OF DEA	(H	19					
ı	(IF EITHER NOTHY MEDICAL EXAMINER)  21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM ETC.)	214. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
ı	AT WORK NOT WHILE AT WORK		1	1	1/1/		0 -	
1		ol) offended the deceased from	E 119	19.8.0	10 // 1	, 19		that (I) (we) lost
ı	sow the deceosed olive on obove, (I) we) (did) (did not	view the body ofter death.		nd that in (my) (our) opinion d	leoth occurred on the de	ate and hour o	and from the	couses stated
1	77% SIGNATURE			DEGREE	MEDICAL STAI	og.	The DATE	SIGNED
1	LA		1	PHYSICIAN L	DIRECTOR PHYSIC		11/1	1/x/
1	STA ANABICINAS NAME TIMEO	77 . 1		22e ADDRESS	· 1 D1 1	1)	Mal	2
1	Cipthia 9	Cleppinger		1323 V Jemon	al Blid	1704.	10/0	01740
	230 BURIAT CREMATION, REMOVAL (SPECKY)			EMETERY OR CPENATORY	23d LOCATION	1	COUNTY.	STATE
1	buria1		dar	Lawn Mem. Park				aryland
	24 FUNERAL DIRECTOR MINNIC	ADDRESS	1 -	0.4.44	REC'D. BY REGISTRAR	Z3B. REGISTRA	AKS SIGNAT	URE
П	415 E. Wilson Blv	d., Hagerstown, Ma	ігута	na 21/40 DAN	4 - 1301 4	Mar Dicke	BORTON KOR	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

WEO IOTHAN								REG. NO.			
DECEASED NAME	FIRST		MIDDLE	LA:	ST		20. DATE OF	DEATH MONTH	DAY YEAR	R 26 HOUR	_
(TYPE OR PRINT)	Elizabe	eth	Sarah	ROUZ	ZEE		Jan.	1,1987		9:00	n,
SEX		4 RACE		5. DATE OF	BIRTH		6 AGE (IN YE	ARS LAST BIRTHDAY)	IF UNDER 1 YE		_
Female		Whi	te	July	14,	19 17	69	YRS.	MONTHS DA	HOURS 1	A II
BIRTHPLACE (STA	ATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	□ NEVED	MARRIED	9 BALTIMOR	E CITY OR COUNT	Y OF DEATH	1	Ī
Maryland		USA		WIDOWED		IVORCED	WASH	INGTON			1
0 CITY OR TOWN O	FDEATH		HOSPITAL, NURSIN		OTHER IN	NOITUTITE	120 USUAL O	CCUPATION FOR MOST OF WORKING L		D OF BUSINESS	C
Hagerstown	1	2314 0	loverleaf	Road			House	vife	Hor	me	
JSUAL RESIDENCE ( 30 STATE Maryland	13b COU Wash	ROTHER INSTITUTION NTY nington	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Hagerst	N I	13d INSIDE	CITY LIMITS?		DDRESS / ZIP COD		d 217	4
Charles	s (	MIDDLE	Hartle			'S MAIDEN NA FIRST Tah		izabeth	Ale	xander	
60 WAS DECEASED (YES, NO OR UNKNOW	E . E	RMED FORCES?	16b SOCIAL SECU		17 INFORM			ADDRESS	,		

no Judy L.Raidt (item 13 above) 18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (o), stating the couse

TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	20a AUTO		20b. IF YES, WERE FIN	
			YES 🗌	NO	YES 🗌	NO 🗌
210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	21c. HOW INJURY OCCURRED	(ENTER NA	TURE OF INJUR	Y IN ITEM 18 PART I OR PART	2)

(IF EITHER NOTIFY MEDICAL EXAMINER)

21e PLACE OF INJURY 211 LOCATION

MEDICAL COUNTY STATE STREET CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE FARM ETC.) NOT WHILE AT WORK

22¢ DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

Robert Brull, M.D. 1459 Potomac Ave. Hagerstown, MD 21740

23¢ NAME OF CEMETERY OR CREMATORY CITY OR TOWN (SPECIFY) Jan.6,1987 Arlington National Cem al Cem. Arlington Arlington Virginia
250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE Burial 24 FUNERAL DIRECTOR

Major M.Osborne Williamsport, MD 21795

23d LOCATION

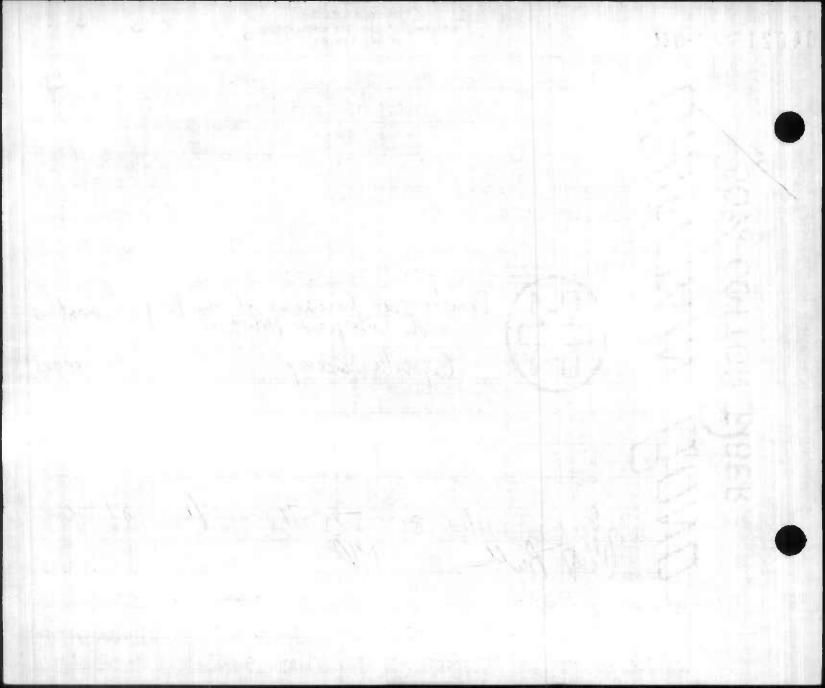
DHMH - 16 60M 7/B4 (VRA 15, 4)

should be detached for with the State Dept. of

MPORTANT

CERTIFICATION

23a BURIAL, CREMATION, REMOVAL



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#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	1 - STATE 7 REGISTRAR	DEFAKI	CERTIFICATE OF DEATH	REG. NO.	
,	1. DECEASED NAME FIRST (TYPE OR PRINT) ETA	HEL E.	ROWE	20. DATE OF DEATH MONTH DATE 1 - 31-	Y YEAR 26 HOUR 15 -87 12 PM
	3. SEX FCM	White	5. DATE OF BIRTH  MONTH  DAY  1917	69 YRS MO	UNDER 1 YEAR IF UNDER 24 HRS
	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Penna.	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED NORCED DIVORCED	BALTIMORE CITY OR COUNTY O	gton Co., MD.
9	Hagerstown Hagerstown	Washington (	-	126 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) Factory worke	126. KIND OF BUSINESS OR INDUSTRY Shoe
		n other institution, give residence before NTY 13c CITY OR TOW Hagers	Stown YES NO X	13e STREET ADDRESS / ZIP CODE R.D.4	21740
i i	14. FATHER'S NAME FIRST UNKNOWN	MIDDLE LAST	15 MOTHER'S MAIDEN NA Edith	MIDDLE	ird
1	160 WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES) 166. SOCIAL SECUL 219-12-		Durboraw Hager	235 R.D.4 stown, Md.
		DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO	Congetive He	ant Jailere	VIN PART Ito
2	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, VIN CERTIFYII YES NOW YES	WERE FINDINGS USED NG CAUSES OF DEATH?
1	TIO ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE OF CONTRIBUTING CAUSE OF DE OF CONTRIBUTION CONTRIBUT	ATH HOUR A.M. MONTH D.	AY YEAR 19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM IB PART  CITY OR TOWN	T I OR PART ?)  COUNTY STATE
	22a. I certify that (I) (this hasp	ot) view the body ofter death.	DEGREE  ATTENDING PHYSICIAN STANDERSS  1610 - OAK		27. DATE SIGNED  1/51/57  21740  21740
	230 BURIAL, CREMATION, REMOVAL (SPECIFY) Barial	- /- / -	NAME OF CEMETERY OR CREMATORY CAIPVIEW	Mercersburg Fi	ranklin Pa.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

timinger

Mercersburg, Pa.

FEB 05 1987

. 80.6 by . 3 kg ber fine and managed and the Beleg . Selection the first the contract of the Loseconsol.

mpletely filled in by the funeral director, page 3 and 2 shauld be filed within 72 hours offer death

	S	T	A	TE	OF	MA	RYL	AN

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

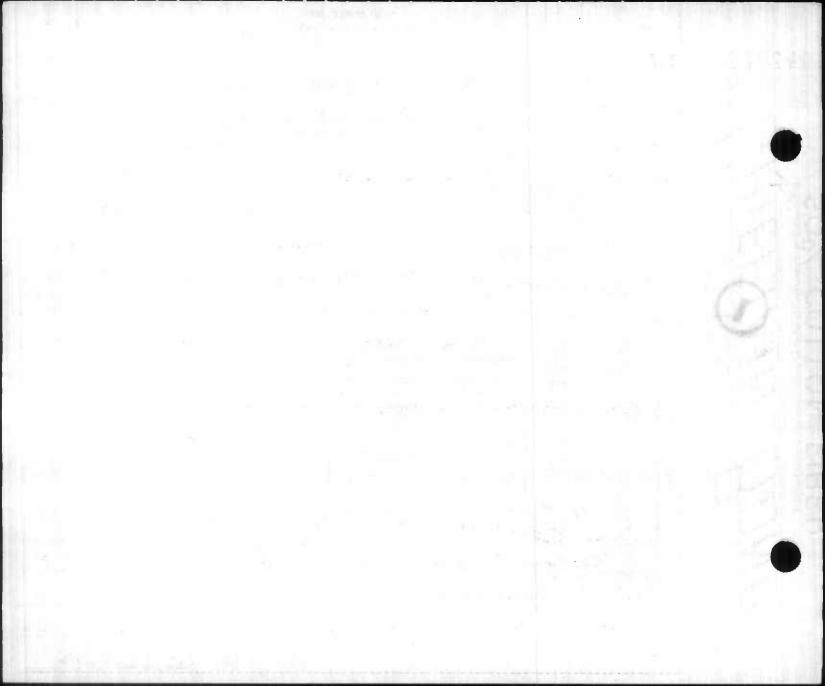
0	3	1	0	Sol

REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.	
DECEASED NAME FIRS	ī	WIDDLE		AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOL
	erica	C 14	D.	1.1.1.	1 -	17-87 5-
I. SEX	1. RACE	<u>L-lise</u>	S. DATE C	dulph	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER
female	whi	to	MONTH	DAY YEAR		MONTHS DAYS HOURS
				h 9, 1910	76 YRS.	
70 BIRTHPLACE (STATE OF FOREIG	76. CITIZEN O	F WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
Virginia	U.S	.A.	WIDOWE		Washington	
10 CITY OR TOWN OF DEATH				OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINE
Hagerstown	Wash	ington Co	unty 1	Hospital	teacher.	LIFE) INDUSTRY
	ME OR OTHER INSTITUTIO COUNTY Shington	13c CITY OR TOW Hagerstor	/N	13d. INSIDE CITY LIMITS? YES 🔼 NO 🗌	13. STREET ADDRESS / ZIP COE 416 Virginia A	ovenue 21740
14 FATHER'S NAME				15 MOTHER'S MAIDEN NA		
Frederick	W.	Pohlmy	er	Bertha	V -	Hagler
160 WAS DECEASED EVER IN U.				17 INFORMANT	ADDRESS	Hagier
	ES, GIVE WAR OR DATES)	216-03-8			a Champigny, Hag	erstown, MD
18 CAUSE OF DEATH (En	er anly ane cause p	er line for (a), (b), an	d (c).)		<del></del>	APPROXIMATE INTER
18 CAUSE OF DEATH (En	AUSED BY: DIATE CAUSE (o)_		0.5	Aunert		Immediat
couse (a), stating to underlying cause to PART 2 OTHER SIGNIFIC	t. (c)_	OR AS A CONSEQUE		NOT RELATED TO THE TERM		IVEN IN PART 110
underlying cause lo	DUE TO,	CONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GI	Kamarahan - LE ES, WERE FINDINGS USE
underlying cause lo	DUE TO,	CONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION G	Remarkeye - 4
PART 2 OTHER SIGNIFIC.  JUNE 190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYIN	DUE TO,  (c)  ANT CONDITIONS  196 CON  G	CONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM ALLENE WILL Y N WAS PERFORMED	INAL DISEASE OR CONDITION G	ES, WERE FINDINGS USEI IFYING CAUSES OF DEAT (ES NO [
PART 2 OTHER SIGNIFIC.  SLULLE LINE  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYIF  OR CONTRIBUTING	ANT CONDITIONS  ANT CONDITIONS  19b CON  19b CON  21b TIME HOUR  21e PLAC	CONTRIBUTING TO I Steve puts DITION FOR WHICH OF INJURY A.M. MONTH D.	DEATH BUT  OPERATIO  AY YEAR  19	NOT RELATED TO THE TERM ALLENE WILL Y N WAS PERFORMED	200 AUTOPSY?  YES NOTE TO STANK THE	ES, WERE FINDINGS USEI IFYING CAUSES OF DEAT (ES NO [
Underlying cause lo  PART 2 OTHER SIGNIFIC  JULE CLASS  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER NOTHY MEAL EX. 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK  22a. I certify that (I) this sow the decreased of obove, (I) (Mod (did))	DUE TO,  (c)  ANT CONDITIONS  196 CON  (G	CONTRIBUTING TO I	AY YEAR 19	NOT RELATED TO THE TERM  ALLESSE ALL  N WAS PERFORMED  21c HOW INJURY OCCUR  21f LOCATION STREET  19 87	200 AUTOPSY?  YES NOTE OF INJURY IN ITEM 18	ES, WERE FINDINGS USE IFYING CAUSES OF DEAT (ES NO COUNTY  COUNTY  19 7 that (h) Cour and from the causes sta
Underlying cause lo  PART 2 OTHER SIGNIFIC.  ACRES  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYIN  OR CONTRIBUTING CAUSE (IF EITHER NOTHEY MEDICAL EX-  21d INJURY OCCURRED  WHILE NOTWHILE AT WORK  22a.1 certify that (1) this  sow the deceased of above, (1) worldid (22b. SIGNATURE)	ANT CONDITIONS  ANT CONDITIONS  19b CON  19b CON  21b. TIME HOUR ANNER  21e. PLAC (AT HOME.)  Indicate the book  And not view the book  And and view the book  A	CONTRIBUTING TO I	AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TERM  ASSESSED WAS DERFORMED  21c HOW INJURY OCCURI  21f LOCATION STREET  19 97  nd that in (my) (our) opinion  DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? 200 IF YE YES NOT	ES, WERE FINDINGS USEI IFYING CAUSES OF DEA! (ES NO PART 1 OR PART 2)  COUNTY STATEMENT OF THE PROPERTY OF THE PART 2
Underlying cause lo  PART 2 OTHER SIGNIFIC  SENSE CLASS  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER NOTHY MEDICALEX  21d INJURY OCCURRED  WHILE NOTHY MEDICALEX  AT WORK  22a.I certify that (I) this  sow the decrosed of obove, (I) (we) (idid) (I)  22b. SIGNATURE  27d PHYSICIAN'S NAME	ANT CONDITIONS  ANT CONDITIONS  19b CON  19b CON  21b. TIME HOUR ANNER  21e. PLAC (AT HOME.)  Indicate the book  And not view the book  And and view the book  A	CONTRIBUTING TO I  Steine Pulm  DITION FOR WHICH  OF INJURY  A.M. MONTH D.  P.M.  E OF INJURY  STREET, FACTORY, OFFICE, F  17  19  dy after death.	OPERATION  AY YEAR  19  FARM, EIC)	NOT RELATED TO THE TERM  ASSEMBLY WAS PERFORMED  21c HOW INJURY OCCURI  21f LOCATION STREET  19 97  19 97  19 97  11 HOW INJURY OCCURI  21f LOCATION STREET  21g ADDRESS  1708 Oak	200 AUTOPSY?  YES NOT NOT THE MERCHANTURE OF INJURY IN ITEM 18  CITY OR TOWN  10 JUNE 10 10 10 10 10 10 10 10 10 10 10 10 10	COUNTY  22c DATE SIGNED  22c DATE SIGNED
Underlying cause lo  PART 2 OTHER SIGNIFIC.  JULE CLASS  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER NOTHY MEDICAL EX. 21d INJURY OCCURRED  WHILE AT WORK AT WORK  22a. I certify that (I) this sow the decased of obove. (I) (Worldid) (I) 22b. SIGNATURE  22d. PHYSICIAN'S NAME  R. C. L. A. L. C.  23a. BURIAL, CREMATION, REMO (SPECIFY)  burial	DUE TO,  (c)  ANT CONDITIONS  196 CON  196 CON  216. PLAC  (AT HOME:  104 DO PLACE  (AT HOME:  105 CARTH  AND VIEW the book  216. PLAC  (AT HOME:  107 CARTH  218. DATE  JAN. 1	OF INJURY A.M. MONTH D. P.M. E OF INJURY SIRRET, FACTORY, OFFICE, F  Ty after death.  W. D.  23.1  8,1987 Sm	AY YEAR 19 FARM. ETC) NAME OF C	NOT RELATED TO THE TERM  ALLESS AT A SEPTEMBER  21c HOW INJURY OCCUR  21f LOCATION STREET  21	200 AUTOPSY?  YES NOTE TO SEE OR CONDITION GO	COUNTY  22c DATE SIGNED  12c DATE SIGNED
Underlying cause lo  PART 2 OTHER SIGNIFIC.  JUNE 19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER NOTHY MEDICAL EX. 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that (I) this saw the decased of above. (I) (Woldida) (I) 22b. SIGNATURE  22d. PHYSICIAN'S NAME  RICHARY  23a. BURIAL, CREMATION, REMO (SPECIFY)  burial	DUE TO,  (c)  ANT CONDITIONS  196 CON  196 CON  216. PLAC  (AT HOME:  147 FOR PRINT!)  SM. Th  DVAL  238. DATE  Jan. 1  INNICH FU	OF INJURY  A.M. MONTH D.  P.M.  E OF INJURY  STREET, FACTORY, OFFICE, F  Ty after death.  W. D.  8,1987 Sm  NERAL HOM	AY YEAR  19 FARM. EIC)  NAME OF C  ithsb:	NOT RELATED TO THE TERM  ALLESS AT A STREET  21c HOW INJURY OCCUR  21f LOCATION STREET  21f L	200. AUTOPSY?  YES NOTE TO SEE OR CONDITION GO TO SEE OR CONDITION G	COUNTY  22c DATE SIGNED  12c DATE SIGNED

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

should be detached for use as the burial-transit permit. Then please rema with the State Dept. of Health and Mental Hygiene prior to burial, cremat TO FUNERAL DIRECTOR: After this certificate has been signed by the



REGISTRALISTED	ARL SHANK	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	REG. NO.	3 1 6 5
I. DECEASED NAME FIRST (TYPE OR PRINT)	Pearl	Shank	20. DATE OF DEATH MONTH	-2-87 1150 A
Female	White	5. DATE OF BIRTH MONTH DAY YEAR  - 16-1906		MONTH'S DAY'S HOURS MIN
78. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYCAND	76. CITIZEN OF WHAT COUNTS	MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	□ WAShingto	n County "
10. CITY OR TOWN OF DEATH HAZERSTOWN	(IF NOT IN SUCH EACHITY, GIVE STI	. Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	NG LIFE) INDUSTRY
1145	NTY 13c. CITY OR TO	EXECUTE YES NO	11 W. Balti.	
14 FATHER'S NAME FREST  Samuel  J	. Wiles	15. MOTHER'S MAIDEN Anna	R. MIDDLE	Downs (AST
160 WAS DECEASED EVER IN U.S. A (YES. DORUNKNOWN) (IF YES. G	RMED FORCES? 166. SOCIAL SE VICEWAR OR DATES) 219-12		onrad 101 Don	nybrook Drive
Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSECUTION OF THE TOTAL OF	QUENCE OF	Ism	
PART 2 OTHER SIGNIFICANT  ATTRICANT  ATTRICA	-rotic card	O DEATH BUT NOT RELATED TO THE	case diabet-	FYES, WERE FINDINGS USED ETERIFYING CAUSES OF DEATH? YES NO NO
		DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEN	N 18 PART 1 OR PART 2)
OR CONTRIBUTING A CAUSE OF D  (IF EITHER NOTIFY MEDICAL EXAMIN  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC.)  71 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	n 12 30 19 of) view the bady after death.	the /	nion death occurred on the date and	have and from the causes stated
12h SIGNATURE	Newwo	DEGREE  ATTENDIN PHYSICIA		226. DATE SIGNED
George C.		MD 1835 Howe	ell Road. Hage	

DHMH - 16 60M 7/84

(VRA 15, 4)

BP.

33ª BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial 1-6-87 24 FUNERAL DIRECTOR

23b DATE

23c. NAME OF CEMETERY OR CREMATORY

Road, Hagerstown Md.

23d. LOCATION
CITY OR TOWN
Hagerstown, Washing Washington

Cemetery Hagers
35. DATE REC'D. BY REGISTR
AND 14 1987 BY REGISTRAR 25 REGISTRAR'S SIGNATURE A.K. Coffman Funeral Home Inc.

APPENDING STORY STORY STORY

Teace Shook 4,100

hatigate is steady made squate

Samuel T. Wiles Suns

Server 11 - 12 Problems

THE YEAR & STANFORD COURT

ON THE REPORT OF WILL DE LEADING THE PRODUCT COM

George C. Peaman II 20 1375 Sawell Luce, Manerstrem, Rd.

Surfa | 1-0-07 Fise Mill Cemetery Hacerstown, sanington, E

A. S. Cottien Superal Home, Inc. Inc. 14 4 Mil Charles San

1 - 214-75-579 Woy al. Consps 107 leanning dox littly

t. Downs

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

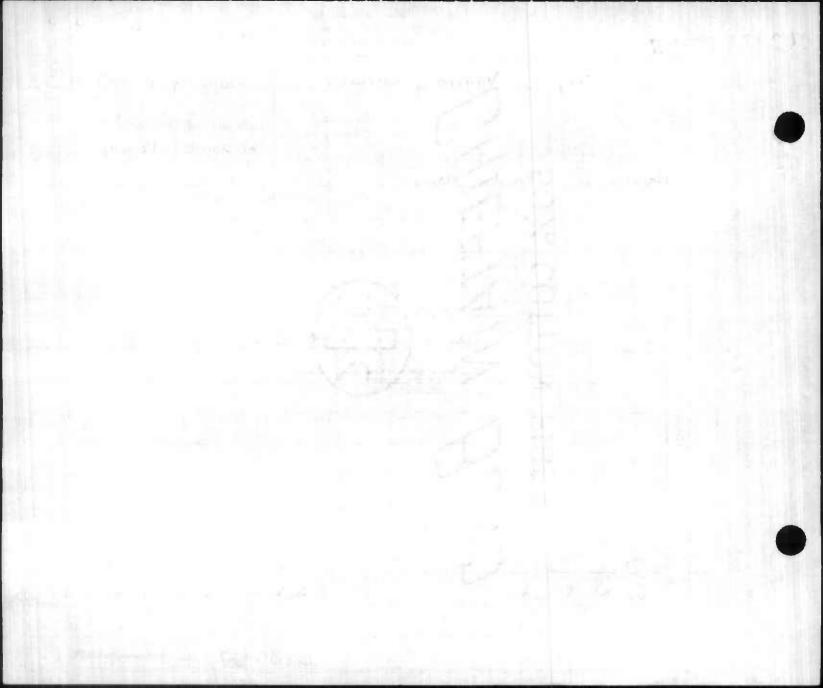
3 -	FOR STATE REGISTRAR			HEALTH AND MENTAL HYG	REG. N	0 3	1 0 0
	DECEASED NAME FIRST		WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YE	
Г	ICY	1	lirginia S	HIRLEY	Janua	ary 25.198	57 605pm
3.	SEX	4 RACE	5 DATE	OF BIRTH	6 AGE IN YEARS LAST BE	RTHDAY) IF UNDER 1	YEAR IF UNDER 24 HRS
	female	white	Non	vember 13, 190	83		DAYS HOURS MIN.
70	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY? 8			OR COUNTY OF DEAT	OH .
1	West Virginia	USA	MARRI	VED NEVER MARRIED DIVORCED	Washing	to Carrol	440
10	CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING HOME		12ª USUAL OCCUPAT	TION 126 KIN	ND OF BUSINESS OR
L	Hagerstown	AVAL	th factility, give street address)		housewife	OF WORKING LIFE) INDUS	TRY
抻	SUAL RESIDENCE LIF NURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSION				
1		nington	Hagerstown	13d INSIDE CITY LIMITS? YES X NO		ge Street	21740
14	FATHER'S NAME FIRST  Ashby	MIDDLE	McIntire	15 MOTHER'S MAIDEN NA	ME	C	rouse
16	& WAS DECEASED EVER IN U.S. A		166 SOCIAL SECURITY NO	17 INFORMANT	ADDR		
	(YES, NO OR UNKNOWN) (IF YES O	GIVE WAR OR DATES)	213-16-1187	Clarice Shar	antz, Hagerstown, Md.		
-		((c)_	R AS A CONSEQUENCE OF		INAL DISEASE OR COM	NDITION GIVEN IN PAR	RT Iro
1000	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	19b. COND	ITION FOR WHICH OPERATION	ON WAS PERFORMED	20a AUTOPSY?	INDINGS USED USES OF DEATH?	
	OR CONTRIBUTING CAUSE OF D	ER) P.	M. MONTH DAY YEAR M. 19			YES URY IN ITEM 18 PART 1 OR PAR	NO []
1	21d INJURY OCCURRED  WMILE NOT WHILE AT WORK	21e PLACE (AT HOME STR	OF INJURY REET FACTORY, OFFICE, FARM ETC.)	211 LOCATION STREET	CITY OR TO	OWN COUNT	Y STATE
	270 Certify that (I) this has sow the deceased alive a obove, (I) (we) (did) (did) (27b. SIGNATURE	£ 23 Jan	19 67	ond that in (my) (our) opinion of DEGREE  ATTENDING	AAEDICAL STA	22c. D	DATE SIGNED
	27d PHYSICIAN'S NAME (TYPE			PHYSICIAN R 120 ADDRESS 138 E. A. N	DIRECTOR PHYSI	Hagen to	on mysi
23	BURIAL, CREMATION, REMOVA burial	The second second		CEMETERY OR CREMATORY Haven Cemetery	23d. LOCATION Hagersto	own, Wash.,	Maryland

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

should be detached to with the Stote Denne of He

MINNICH FUNERAL HOME 24 FUNERAL DIRECTOR 415 E. Wilson Blvd., Hagerstown, Md. 21740 250 DATE REC'D. BY REGISTRAN 151. REGISTRAN'S SIGNATURE



1		FOR		DEPARTI		OF MARYLAND	HACIE	NE) /	0 3	1	6 /	
	1 -	REGISTRAR REBA (NI	MN) STI	PES		ICATE OF DEATH		REG. NO	D.		16	
23		CEASED NAME CERST CEL		WIDOLE	Sip	ast es	2	e. DATE OF DEATH	MONTH DA		2h HOUR	м
	3. SEX 4 RACE				5 DATE OF BIRTH			AGE (IN YEARS LAST BIRT		FUNDER I YEAR	IF UNDER 2	
	F	emale	White	9	Marc			74	YRS.	DNIHS DAYS	HOURS	MIN.
70		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MADDIE	NEVER MARRIED	7	BALTIMORE CITY O		OF DEATH		
10		aryland	U.S.	A.	WIDOWE		1	Washingt	on Co	untv		MD.
710	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION		20. USUAL OCCUPATE			OF BUSINES	SOR
	H	agerstown				Hospital	F	lousewife		I TOOSIKI		
71		AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	E AOMISSION)	13d. INSIDE CITY LIMIT	rs? 11:	3e.STREET ADDRESS /	ZIP CODE	21	740	
0	M	aryland Wash	ington	Hagerst	cown	YES <b>X</b> NO		l West B		ore S	tree	t
2/	14 FA	THER'S NAME	MIDDLE	EAST		15 MOTHER'S MAIDEN	NNAME	WIODLE		1.6	ST	11-7
11		Silas	W.	Miller			ret	Maria Ja	ne N	orris		
1		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	JRITY NO.	17. INFORMANT		ADDRE	Route	# 1	Box	57A
		No -		218-38-	-2234	Margaret	A.				Md.	
		PART I. DEATH WAS CAUSE IMMEDIA  Conditions, if any, which gove rise to immediate cause (o), stating the underlying couse last	DUE TO, O	DAS A CONSEQUE	HEUSE	usculur ue Arteur		seuse scleratic (	Ors. D	\$.	Yvs	
ď	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
9	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	CH OPERATION WAS PERFORMED			200 AUTOPSY?		WERE FINDI		1?
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	AID.	DE INJURY M. MONTH D. M.	AY YEAR	21c HOW INJURY OC	CCURRE	D (ENTER NATURE OF INJUR	RY IN ITEM 18 PAR	RT   OR PART 2)		
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME ST	OF INJURY REET, FACTORY, OFFICE, F	FARM, ETC.)	216. LOCATION STREET		CITY OR TO	wN	COUNTY	STA	ATE
		22a. I certify that (I) (this bosp sow the deceased alive or above, (I) (ye) (did) (did in		1-1719	£7, or	nd that in (my) (pur) opi	inian de	, 10	ate and have	and fram the	that (I) (per	
		22b. SIGNATURE	larand	Quelou &		DEGREE ATTENDIN PHYSICIA	NG AN	MEDICAL STAF		E E C E C C C	7-87	
1		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS			7	10-11-1		
1		John H H	lornbak	er .Tr	MD	645 East	Fi	rst Stree	et, Ha	agers	town	Md.

BP. DHMH - 16 60M 7/84

rector, pussions of the death C

(VRA 15, 4)

should be detoched for use os the buriol-tronsit permit with the State Dept. of Health and Mental Hygiene pit TO FUNERAL DIRECTOR: After this certificate has O HOSPITAL OR ATTENDING PHYSICIAN The retained by the haspital or attending physician

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

24 FUNERAL DIRECTOR 1-20-87

John H. Hornbaker Jr. MD

236. DATE

231. NAME OF CEMETERY OR CREMATORY Rest Haven Cemeter

23d. LOCATION CITY OR TOWN Hagerstown Washington Md
D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

RAL DIRECTOR Hagerstown, Md<sup>5a</sup> DAT Coffman Funeral Home, Inc.

Julia Davidson Rondoca

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W. Liet Silozet aging

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

Smaha

5. DATE OF BIRTH

William

THE CITIZEN OF WHAT COUNTRY?

U. S. A.

March 25,1894

REG. NO 20 DATE OF DEATH 2b HOUR 01 09 87 5:20 PM A AGE LIN YEARS LAST BIRTHDAYS IF UNDER I YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED Washington 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Meat Industry Butcher 13e STREET ADDRESS ELT CODE 20879 MIDDLE Slavik

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Boonsboro Reeder's Memorial Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE Gaithersburg Montgomery Maryland IS MOTHER'S MAIDEN NAME 4 FATHER'S NAME Lucy Joseph ADD 29612 Eli Lane 17 INFORMANT ARMED FORCES 166 SOCIAL SECURITY NO Mrs. JoAnne S. Rose, Gaithersburg, Md. 20879 507-03-9188 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for to PART I. DEATH WAS CAUSED BY SUMSIX IMMEDIATE CAUSE to DUE TO OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse to , storing the DUE TO OR AS A CONSEQUENCE OF underlying couse ITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF COMME CERTIFICATION ne muconovan stall 20a AUTOPSY 20b. IF YES, WERE FINDINGS USED 1% DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220.1 certify that (I) (this hospital) attended the deceased from sow the deceased alive on, above, (1) (we) (did) this not , and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated 226 SIGNATURE DEGREE MEDICAL MA PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

DHMH - 16 60M 7/84 (VRA 15, 4)

uld be deta

Hygiene

Mentol

230 BURIAL, CREMATION, REMOVAL Removal- Burial 24 FUNERAL DIRECTOR John H. Bast, Jr. Boonsboro, Md. 21713

DECEASED NAME

Male

To BIRTHPLACE I STATE OF FOREIGN

Ravenna, Neb.

3. SEX

poge 3

EIRST

4 RACE

White

Emil

736 DATE 1-10-87 23c. NAME OF CEMETERY OR CREMATORY Custer Cemetery

Custer.

S. Dakota

250. DATE REC'D. BY REGISTRAR 25 REGISTRAR'S SIGN Lia Davidson Pandal

( ) ( ) .Can aonas a Z postoraulie Trienviso se fois La transport de la companya de la co The ser, is secondly do the

FOR	DEPARTMEN
3 Jan 2) 67 STATE REGISTRAR	

4 RACE

MIDDLE

18. CAUSE OF DEATH (Enter only one course per line 17 al., (b), and PART I. DEATH WAS CAUSED BY:

STATE OF MARYLAND IT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5. DATE OF BIRTH

	REG. N	10.				7				
	20 DATE OF DEATH	MONTH	DAY	YEAR	2b HOL	JR .				
		1	12	87	5:1	10h				
	6. AGE (IN YEARS LAST B	RTHDAY)	IF UND	ER I VE AR	IF UNDER 24 VRS					
9	77	YRS	MONTHS	DAYS	HOURS	MIN.				
()	9 BALTIMORE CITY OR COUNTY OF DEATH									

,			- W					
a. BIRTHPLACE	( STATE OR FOREIGN	7b	CITIZEN OF	VHAT (	COUNT	RY?		
	Creek, V	a.	U.	S.	A.			

MARRIED WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Washington 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR Painting Contractor TRY Painting

Hagerstown	Wäshin	gton county	Hospital
Maryland	NG HOME OR OTHER INSTITUTION. 13b. COUNTY Washington		13d. INSIDE (

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

GIVE RESIDENCE BEFORE ADMISSION) Boonsboro

13d. INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME

Addie

13. STREET ADDRESS / ZIP CODE Rfd. 1 Box 200 21713 MIDDLE Unknown

Charles

(YES, NO OR UNKNOWN)

ID CITY OR TOWN OF DEATH

14 FATHER'S NAME

No

CERTIFICATION

MEDICAL

DECEASED NAME TYPE OF PRINTI

3 SEX

Smith 166 SOCIAL SECURITY NO 213-16-0324

17 INFORMANT

ADDRESS Rfd. 1 Box 32 Barbara R. Huntzberry, Fairplay, Md. 21733

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gove rise to immediate CONSEQUENCE OF

acidosis

cause (a), stating the underlying cause last

DUE TO, OR AS A CONSEQUENCE OF

21e PLACE OF INJURY

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE OR CONDITION GIVEN IN PART 1:a

190 DATE OF OPERATION

ON WAS PERFORMED 196. CONDITION FOR WHICH OPERAL

20a AUTOPSY?

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M

(AT HOME, STREET, FACTORY OFFICE, FARM, ETC.)

211. LOCATION

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

WHILE NOT WHILE 220.1 certify that (1) this hospital) attended the dema STREET

CRY ON YOUNG COUNTY STATE

saw the deceased of a man view the body after

DEGREE

and that in my July) apinion death occurred on the date and hour and from the courses stated

174 PHYSIRIAN'S NAME

27% SIGNATURE

mo

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ATTENDING

23r. DATE AGNED

23a. BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY Manor Cemetery

22e ADDRESS

Geeling

Tilghmanton, Wash. Co., Md.

reduti

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR

Burial

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Ma Denterm Buchasse

Bast Funeral Home

John H. Bast, Jr. Boonsboro, Md.

23h DATE

1-15-87

(VRA 15, 4)

designed to complete the state of the complete the complete to be stated to the complete to th The Confession of Management of Street, 1

Table Interest Control of the Contro II admired, men. co., Wil. 

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DHMH - 16 60M 7/84 (VRA 15, 4)

Davis Funeral Home

ST	ATE	OF	MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

)	3	1	1	U

8	71-	11 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH  CERTIFICATE OF DEATH  REG. NO.								
	(110)	CEASED NAME LEWIS	D	2.	SMITH	28. DATE OF DEATH MONTH	11 87 6 PM			
	7, 50	Male RITHPLACE AMATORION	White 7b. CITIZEN OF WHAT COU	5 DATE C		6 AGE (IN YEARS LAST BIRTHDAY)  6 3  YRS.  9. BALTIMORE CITY OR COUNT	MONTHS DATS HOURS MIN.			
2	M	aryland	USA	WIDOWE		Washington				
9	Ha	gerstown of DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI	VE STREET ADDRESS)	HESPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I  Engineer	126. KIND OF BUSINESS OR INDUSTRY Civil Service			
5	lise !	AT RESIDENCE IN MIREMAN PONE OF STATE BET	OTHER INSTITUTION GIVE RESIDEN 130 CITY C		134 INSIDE CITY LIMITS? YES NO NO	13. STREET ADDRESS / ZIP COO				
4		Clarence	F. Sm	ith	Levie	N. MIDOLE	Moser			
3		WAS DECEASED EVER IN U.S. AR YES, NO DE UNENDWHI   15 YES, ON 10	WAR OR DATES	18-8996	Mrs. Satsu S	ADDRESS  Smith, Falling W	aters, WV			
ALISTON	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OTAS A CON	NSEQUENCE OF USEQUENCE OF DESCRIPTION	ratory ar breichwe be Bent Fan Not related to the term	Mest Me Oiseasl Qure INAL DISEASE OR CONDITION GI	VEN IN PART 110			
1	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? IES NO			
	MEDICAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK 220. I certify that (1) (this book and the coased alive an account of the coased alive an account of the coased alive an account of the coased alive and account of the coased alive account of the coased alive and account of the coased alive account of the coased account of the coased alive account of the coased alive account of the coased account of t	ATH HOUR A.M. MON' P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY.	OFFICE, FARM, ETC.)  fram 19 , ar	21f. LOCATION STREET  19 de that in (my) (auch apinion of the control of the cont	CITY OR TOWN  to  death accurred an the date and ha	COUNTY STATE  , 19 7, that (I) (we) last			
-	(	BURIAL, CREMATION, REMOVAL SPECIFY BUT A  UNERAL DIRECTOR	Jan. 14, 1987		EMETERY OR CREMATORY CEMETERY	23d LOCATION Smithburg, Wa	Allered Levil			

lokis folia The ASSAULT FOR THE STATE OF TH normaticus basinas. nolvino fivis e xwaniane par pare par pier de la care de dericales. Interview . Later Levie . Loser 217-18-1996 Are. Sateu Sateu, .ml ing others, gV avis thereal tone, init source, Ed., 21283 LANGERS

142	9951	EB -	48	FOR STATE REGISTRAR			DEPA	RTMENT OF	TE OF MARYLAND REALTH AND FICATE OF L	MENTAL HYG	IENE 7	n 3	1 7 1
	nay be page 3 er death			OR PRINT) WILL	FIRST W	illiam	H.	Sny	IAST Snyd	er	26. DATE OF DEATH	MONTH DA	20 11001
	rector. po		3. SE	male		4 RACE White		Ju	of Birth	1932	6. AGE (IN YEARS LAST BI	YRS MO	UNDER LYEAR IF UNDER 24 HRS
0	death. Po		(	RTHPLACE (STATE OR FOR	49.	76. CITIZEN OF	Α.	WIDOW		NORCED [	Washingto	n Count	
24	by the filled with		H	ty or town of Death		Washing	ton Co	inty Ho	or other ins	TITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST Soldier		12b. KIND OF BUSINESS OR INDUSTRY U.S. Army
AND 2 K	n 24 hau filled in hauld be		13a S	AL RESIDENCE (IF NURSING TATE	36 COUN		13c CITY OR 1 Green	OWN _	13d INSIDE C		3 STREET ADDRESS 817 Joy D	/ ZIP CODE	722599999
MARYL	ed with	NO WOO		THER'S NAME FIRST WILLIAM		MIDDLE H.	Snyde			S MAIDEN NAM	MIDDLE	Mick	
BALTIMORE,	n pnd c	medico		VAS DECEASED EVER IN VES, NO OR UNKNOWN)	U.S. ARA	MED FORCES? E WAR OR DATES)	166 SOCIALS	5-26-57	17. INFORMA		Snyder C	reenca:	stle, PA
ST., BAL	(6A)	event, th		18 CAUSE OF DEATH PART I. DEATH WAS		ly ane cause per D BY: E CAUSE (a)	line for (a), (b)	n, and (c).)	2010	0515			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTON	by the or all ose removed.	ather traumatic		Conditions, if any, a gave rise to imme cause (a), stating underlying cause	diate the	( (b)	r as a conse		ISEO(N		LINTRAVASCI		Acum Toc
RDS, 20	equires to a signed Then ple to burio	njury, or	NO	PART 2 OTHER SIGNIF	PHOLO	CONDITIONS CO	ONTRIBUTING	TO DEATH BU	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN	IN PART 11a
AL RECOI	on. has been t permit.	No sound	CERTIFICATION	190 DATE OF OPERATION		196 CONDITION FOR WHICH OPERATION WAS PERFORMED				20a AUTOPSY?	20b. IF YES, VIN CERTIFYI	WERE FINDINGS USED NG CAUSES OF DEATH?	
DIVISION OF VITAL RECORDS,	SICIAN: T ag physici certificate rial-transi ental Hygi	Hem 18 sk		210. ACCIDENT WAS UNDER OR CONTRIBUTING CAI (IF EITHER NOTIFY MEDICAL	USE OF DEA	1111	DE INJURY M. MONTH M.	DAY YEAR	35	L. F	ED (ENTER NATURE OF INJU	BRY IN ITEM 1B PAR	I OR PART 7)
OIVISION	offer this os the but the ond Me	orked v	MEDICAL	21d INJURY OCCURRE  WHILE NOT WHILE AT WORK			REET, FACTORY, OFF		21f. LOCATION STREET		CITY OR TO		COUNTY STATE
	ATTENDI sspital or CTOR, A d for use	n 21 is m		220.1 certify that (1) (t saw the deceased above, (1) (we) (dia	his hospit olive on (did not	tol) attended th	deceased from 1	87.0		(aur) apinion c	to / L S leath occurred on the d		nd from the causes stated
	TAL OR by the ho RAL DIRE detoched	T		22b. SIGNATURE	K	Tho	1		((V)		MEDICAL STA	FF CIAN []	22c. DATE SIGNED
	o HOSPI etained b TO FUNE should be	MPORTA		OTTO RO	24	PRINT)				WHERE	DOWN DRIVE	HHERM	one ND
199	GBP 9	5	(	URIAL, CREMATION, RE SPECIFY)  Burial	MOVAL	23b DATE 1/27/		Mt. Z	Len Cem	etery	23d. LOCATION CITY OR TOWN Quincy T	wp., Fr	anklin, RA
	DHMH - 16 60M (VRA 15, 4		24 FU	INERAL DIRE TOP	14	Sunc	ADDRE	50 S. Vayne sb	Bread S ero, PA	C. 250. DATE	REC'D. BY REGISTRAN	25b. REGISTRA	R'S SIGNATURE

william H nvier

Tite , June 30 1032 L

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Recret - Wietner los--21-515 Mrs. scrip Shyder treencestis, the

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# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4	U REGISTRAR		CERTIF	CERTIFICATE OF DEATH						
4	DECEASED NAME FIRST MIDDLE			LAST	20. DATE OF DEATH MONTH DAY YEAR 26			2b HOUR	R	
1	Mario	n Dev.	30	ner	J	an 8	87		M	
	3 SEX 4 RACE			OF BIRTH	6. AGE (IN YEARS LAST BIRTH		F UNDER I YEAR	IF UNDER 2		
	Female White		Nov		84	YRS.	DNIHS DAYS	HOURS	MIN.	
7	a BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY?		MARRIED NEVER MARRIED		9 BALTIMORE CITY OR COUNTY OF DEATH					
	New Jersey	USA	WIDOWED DIVORCED		Washington			MD.		
	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN  (IF NOT IN SUCH FACILITY, GIVE STREET)		OR OTHER INSTITUTION	120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR				SS OR	
71	Hagerstown	Washington Cour					ice 0	rg.		
	USUAL RESIDENCE (IF NURSING HOME OR 130. STATE 13b. COUN			1134. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	7IP CODE				
7		ington   Williams		YES NO X	2750 Virgi		ve. 21	795		
26	14 FATHER'S NAME	MIDDLE LAST	111	15. MOTHER'S MAIDEN NAM	ME					
	Frank	- Dev		Sarah	WIDDLE		0P			
,	160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	RITY NO.	17. INFORMANT	4 ADDRES	essne	r Ave.			
	(YES, NO OR UNKNOWN) (IF YES, GIV	212-50-8								
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Conditions, if ony, which gove rise to immediate cause (al., stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C	gove rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF								
2	190. DATE OF OPERAYON  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?  YES NOTE		WERE FINDING CAUSES			
			ED (ENTER NATURE OF INJURY	IN ITEM 18 PAR	RT I OR PART 2)					
1	OR CONTRIBUTING CAUSE OF DEA  (IF EITHER NOTIFY MEDICAL EXAMINER  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F.	ARM, ETC }	211 LOCATION STREET	CITY OR TOW	IN /	COUNTY	51	ATE	
	saw the deceased alive an obove, (I) (we) (did) (did nat	ol) ottended the deceased from	, o	nd that in (my) ( <del>our)</del> apinion o	death occurred on the dat	te and haur		that (1) (w couses stat		
	27b. SIGNATURE	16.1.16	2	DEGREE ATTENDING	MEDICAL STAFF	:	22c. DATE	SIGNED		

224. PHYSICIAN'S NAME (TYPE OR PRINT) Edson. P. Moody, MD 230. BURIAL, CREMATION, REMOVAL

St. James, MD

23c. NAME OF CEMETERY OR CREMATORY Van Liew Cemetery

22e ADDRESS

ry N. Brunswick Middleses N 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE JAN 201987 234 LOCATION CITY OR TOWN

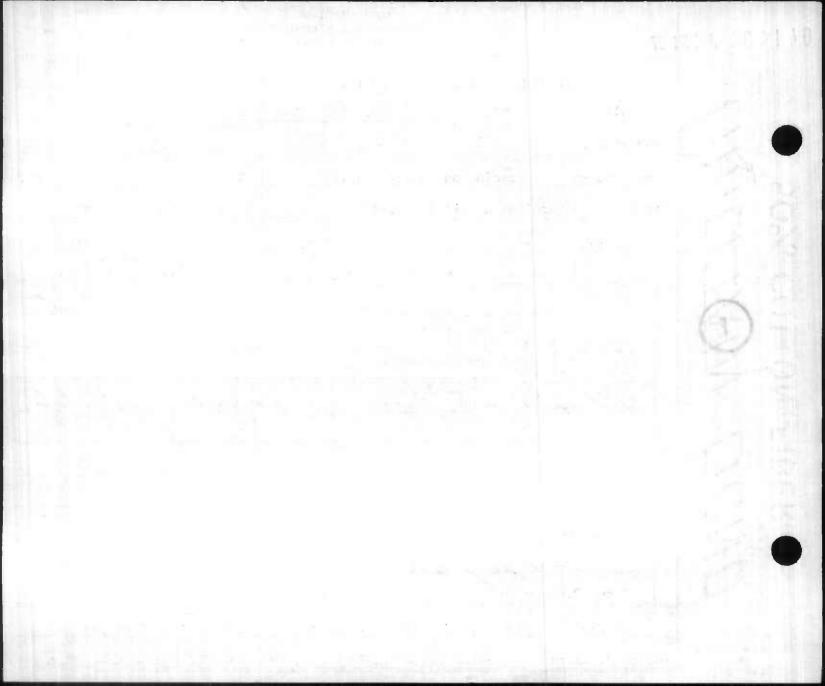
DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Major M. Osborne

Burial

FOR

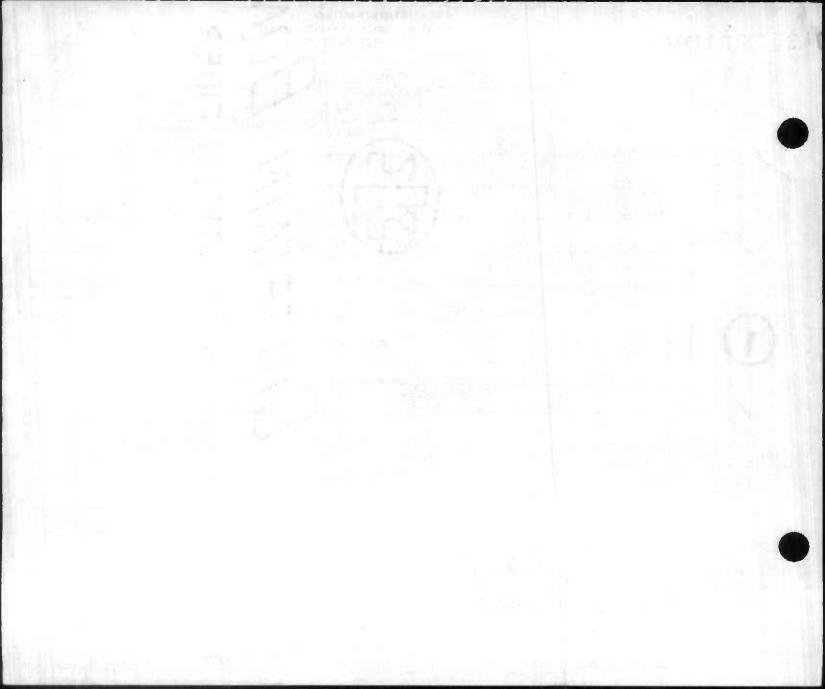
Jan. 10, 1987 Va Williamsport, MD 21795



#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

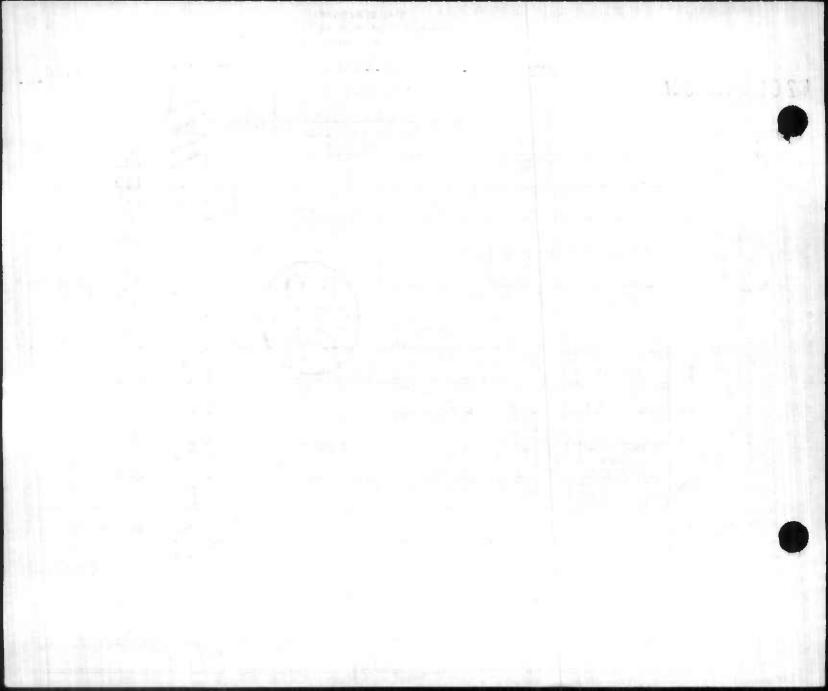
1	0	3	i	1	9
REG. NO.					

3566 FEB 1	FOR TATE REGISTRAR	CERTIFICATE OF DEATH  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8  REG. NO.					
	I DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR		
by be oge 3 death	Mabel	Belle	Sprenkle	01	31 87 1:10 a,m		
4 moy	Female	4. RACE White	5 DATE OF BIRTH  MONTH  2 23 1895	6, AGE (IN YEARS (AST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS		
Az hour	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Pennsylvania	76 CITIZEN OF WHAT COUNT		9 BALTIMORE CITY OR COUN			
1 24	Boonsboro		RSING HOME OR OTHER INSTITUTION TREET ADDRESS)	120 USUAL OCCUPATION LITYPE OF WORK FOR MOST OF WORKING HOMEMAKEY	126 KIND OF BUSINESS OR		
Tandan Sandan	USUAL RESIDENCE (IF NURSING HOME 130 STATE 135 CO	OP OTHER INSTITUTION GIVE RESIDENCE B	EFORE ADMISSION)	1			
030	FATHER'S NAME FIRST  Edward	MIDDLE EAST	15. MOTHER'S MAIDEN N FIRST  Clementi	ne	uast Unknown		
Popular Condition	160 WAS DECEASED EVER IN U.S. A (YES. NO OR UNKNOWN)   TIF YES. O	ARMED FORCES? 166, SOCIAL S GIVE WAR OR DATES) 212-74		prenkle 108 S.	Payson St. 21223		
Whicate Is aphysicia manyal event, the	18 CAUSE OF DEATH (Enter PART 1, DEATH WAS CAUS		States Tex Ruba	De Ca colon	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
y hamman cath	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSE	Anemia		6 miles		
quirse the signed b Their pleas to bursof, rigury, or o	PART 2 OTHER SIGNIFICAN	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	rminal disease or condition c	GIVEN IN PART 110		
The second	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WE	IICH OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF Y	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO		
ICIAN: If g physic ertification into Hyperem 18 sh	OD CONTRIBUTION C CHIEF OF	HOUR A.M. MONTH	DAY YEAR	IRRED (ENTER NATURE OF INJURY IN ITEM ?	8 PART : OR PART 2)		
ade physical particular of the first state for	VIETNIESTING CASE OF THE AT WORK AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	PICE FARM, ETC.)  211 LOCATION STREET	CITY OR TOWN	COUNTY STATE		
ATTENDIN sspitol or iCTOR: Af d for use o d for use o i. of Health	sow the deceased alive of	pital) attended the deceased from		n death occurred on the date and h	our and fram the causes stated		
At OR ATT the haspit At DIRECTO letached for ate Dept. of T: If Hem 21	226. SIGNATURE	Type mo	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	2/2/87		
O FUNER O FUNER In the Sh	22d. PHYSICIAN'S NAME	+ Lugh m	220 ADDRESS LO	me Keadyorille	Mal		
H 5 - 2 1 2 1	130. BURIAL, CREMATION, REMOVA		234. NAME OF CEMETERY OR CREMATORY	CITY OR TO	COUNTYSTATE		
BP	Burial	241/87	Loudon park Cemeter	** 1	Maryland		
DHMH - 16 60M 7/84 (VRA 15, 4)	PA FUNERAL DIRECTOR NAME Hubbard Funeral	Home, Inc. 410	21227	ATE REC'D. BY REGISTRAR 256 REG	STRAR'S SIGNATURE		



5, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	
., BALTIMORE,	
. PRESTON ST	
201 W	
DIVISION OF VITAL RECORDS, 2	
(	

	1.	FOR STATE REGISTRAR	Sugan	MENT OF HE	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	REG. NO.	031	7 4
الله الله الله		CEASED NAME FIRST M.	ary G.	st'.	CLAIR	20. DATE 9F-DE30-8	PTH DAY YEAR	25. HOUR 4:58 M.
Co Dille .	-8. S€		4. RACE	5 DATE OF	BIRTH	6. AGE (IN YEARS LAST BIRTHE	DAY) IF UNDER 1 YEAR	HOURS MIN.
ge 4	f	emale	white		ary 6, 1910	77	YRS.	
035		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTRY?	2 8	□ NEVER MARRIED □	9 BALTIMORE CITY OR Was	county OF DEATH hington	MD.
1190		TY OR TOWN OF DEATH  Hagerstown	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET RAVENWOOD Luthe	ran Vi		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V teacher	WORKING LIFE) INDUSTRY	of Business or <b>Educatio</b>
y filled in hought be	13a S	STATE 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOW Ington Hagerst	own	13d INSIDE CITY LIMITS?  YES NO X		ZIP CODE Llywood Road	d 21740
12/12		E. Blain		.e	Nettie	L.	Brande	nburg
(3)	- (	VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (15 YES, GI	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 219 36 3		James B. Gro	ADDRESS DSSnickle, H	agerstown,	Md .
requires that the death c en signed by the ottending. I. Then please remove cork or to burial, cremation, or y injury, or other traumatic	NO	471	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO	DEATH BUT A				
the low rection.  e hos beer sit permit. giene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION		YES NO	206 IF YES, WERE FINDII IN CERTIFYING CAUSES YES [	NGS USED S OF DEATH?
SICIAN: Tog physici of physici of certificate certificate entol Hygi frem 18 sty		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D P.M.	OAY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2)	
ottendii ter this is the bu	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM ETC }	211 LOCATION STREET	CITY OR TOWN	N COUNTY	STATE
TTENDIN pital or TTOR: At for use o of Healti		sow the deceased plive at			that in (my) (aur) apinion of	, to deoth occurred on the dote		that (I) (we) last couses stated
by the hose RERAL DIRECE detoched Stote Dept.		224 PHYSICIAN'S NIMA (1786	MO	D		MEDICAL STAFF DIRECTOR   PHYSICIA	1	9-RY
TO HOSP retained ITO FUNE should be with the Should	22.	W. B. KA	VG M.D.	NAME OF C	1933 Va	La Ave.	la FereTown	. M
RD		SPECIFY)				CITY OF TOWN	Wash Ma	arvland
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 FI	NERAL DIRECTOR MINI	NICH FUNERAL HOMI Blvd., Hagerstown	E	25a PAH			JURE LAND
TO HOSPITAL OR ATTENDING PRICE PROJECT OF STATE	23a I	22d. PHYSICIAN'S NAME (TYPE:  SURIAL, CREMATION, RAMOVAI SPECIFY)  DURIAL CREMATION, RAMOVAI SPECIFY  DURIAL CREMATION, RAMOVAI SPECIFY  DURIAL TREATMENT MINIMAL SPECIFY  DURIA	The DATE 19 19 19 19 19 19 19 19 19 19 19 19 19	NAME OF CE	d that in (my) (our) apinion of EGREE  ATTENDING PHYSICIAN 222e ADDRESS  1933 VAMETERY OF CREMATORY  250 PAPERSON OF THE PROPERSON OF THE PROPERTY OF THE PROP	deoth occurred on the dote  MEDICAL STAFF DIRECTOR □ PHYSICIA  23d LOCATION City OR TOWN Hagerstown	e and hour and from the 22c DATE 1-3	that (I) (we couses state SIGNED

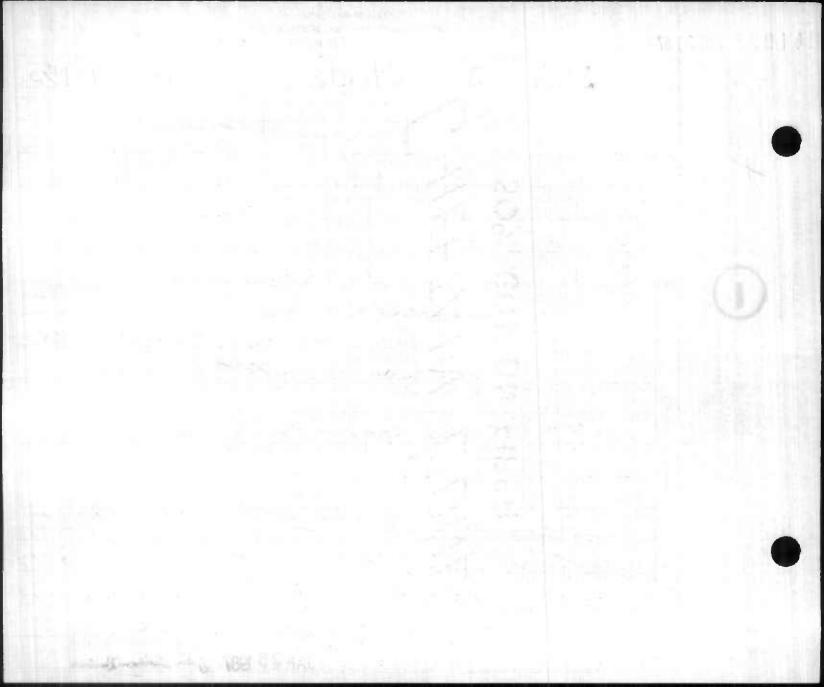


#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

AN 29	17	FOR STATE REGISTRAR	DEP	DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH REG. NO.				
		CEASED NAME FIRST VI	MIDDLE	St	urtz	20. DATE OF DEATH MONTH	15-87 145 PM	
	3. SE:	× Nale	4. RACE WHITE	MARY - VAA		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.	
15	0	IRTHPLACE (STATE OR FOREIGN COUNTRY) ENNSYLVANIA	b. CITIZEN OF WHAT COUNTRY? 8 MARRIED WIDOWEL			9 BALTIMORE CITY OR COU WASHINGTON	COUNTY MD	
\$7C		HAGERSTOWN	WASHINGTON C			126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INSPECTOR · REFRIDGERA		
er alust b	130 5	AL RESIDENCE (IF NURSING HOME OR STATE 136, COUN MARYLAND WASI	NTY 134 CITY OR		13d. INSIDE CITY LIMITS? YES X NO 1	13 STREET ADDRESS / ZIP C	ODE 21740 k ST. 21740	
umoxe to					AMANDA 17 INFORMANT	MIDDLE ADD RESS	Hoover	
medio			E WAR OR DATES)		EDITH E. STU	RTZ SAME AS 13	3	
, or other troumatic events th		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT  Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT (C. 1975)	D BY: TE CAUSE (0)  DUE TO, OR AS A CONS (b)  DUE TO, OR AS A CONS	EQUENCE OF LEGUENCE OF LEGUENCE OF	c arres	white to right	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
n 18 shows ony injury	L CERTIFICATION	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEA	196. CONDITION FOR W ATTEMATICAL 218. TIME OF INJURY HOUR A.M. MONTH	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. II	YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \( \text{NO} \)	
rked or Her	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER  21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE	
Hem 21 is ma		220 I certify that (1) (this hosping saw the deceased alive an above, (1) (me) (did) (did not 22b. SIGNATURE		19 8 7,01	nd that in (my) (aux) apmion DEGREE ATTENDING	, to	hour and fram the causes stated	
MPORTANT: #		MO. PHYSICIAN'S NAME (TYPE O	MARSA	11110	22e. ADDRESS 239	Director Physician C N. Potomin FRS TOWN,	M3. 21940	
		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	1-17-87	REST HA	VEN CEMETERY	HAGERSTOWN	WASH. MD.	
M 7/84 4)		UNERAL DIRECTOR ERALD N. MINNIC		POTOMAC TOWN, MA	STREET 250. DAT	8 1987, Auto Ja	GISTRAR'S SIGNATURE	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE. - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 20. DATE OF DEATH MONTH 1. DECEASED NAME FIRST 26 HOUR LTYPE OR PRINTS Marold 87 Subert 1705 Cak IF UNDER I YEAR 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) 3. SEX MONTH YEAR male white 83 903 40. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED 11.5 A Maryland WIDOWED DIVORCED B. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! Hegerstown Washington survevor USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 136. COUNTY 130. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 21740 Maryland 122 Greenmont Avenue Washington Hagerstown NO X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAS1 MIDDLE FIRST LAST Joseph Seibert Carrie Summer ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) 220-18-2074 Mrs. Martha Seibert, Hagerstown, Maryland no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic PART I, DEATH WAS CAUSED BY monaru IMMEDIATE CAUSE (0) Conditions, if ony, which gove rise to immediate couse (a), stating underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [ NO T 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220 I certify that (I) (this hospital) attended the deceased from sow the deceased olive on obove, (I) (way did) (did not) view he body of the death and that in (my) (exc) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATU DEGREE 22t. DATE SIGNED MEDICAL ATTENDING STAFF PHYSICIANI 22e ADDRESS 1825 Howell Road George Newman, II Ph. D.M.D. Hagerstown, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL, CREMATION, REMOVAL

20,1987 St. Pauls Cemetery

East Wilson Blvd., Hagerstown, Maryland 21740

250 DATE REC'D.

Clear Spring, Wash., Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

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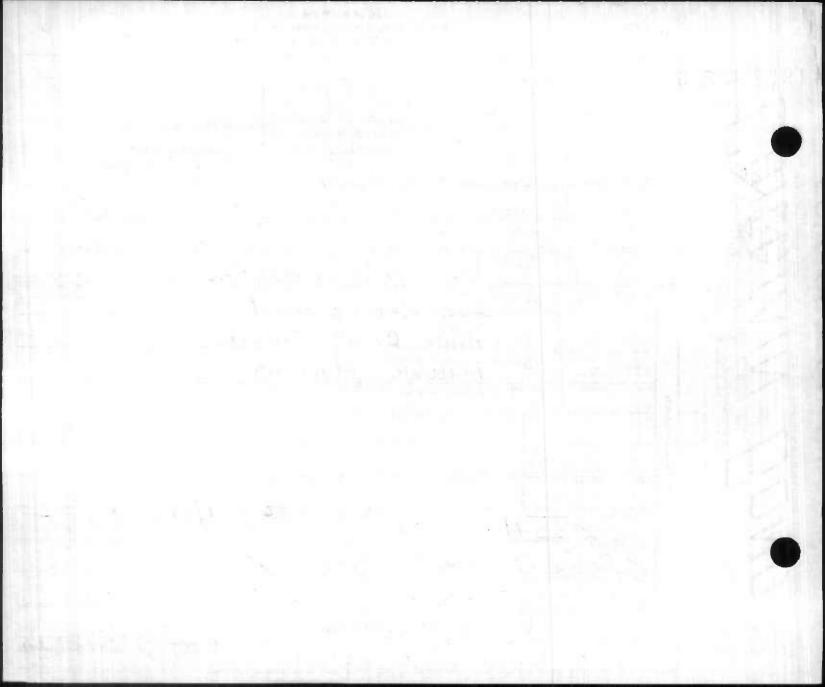
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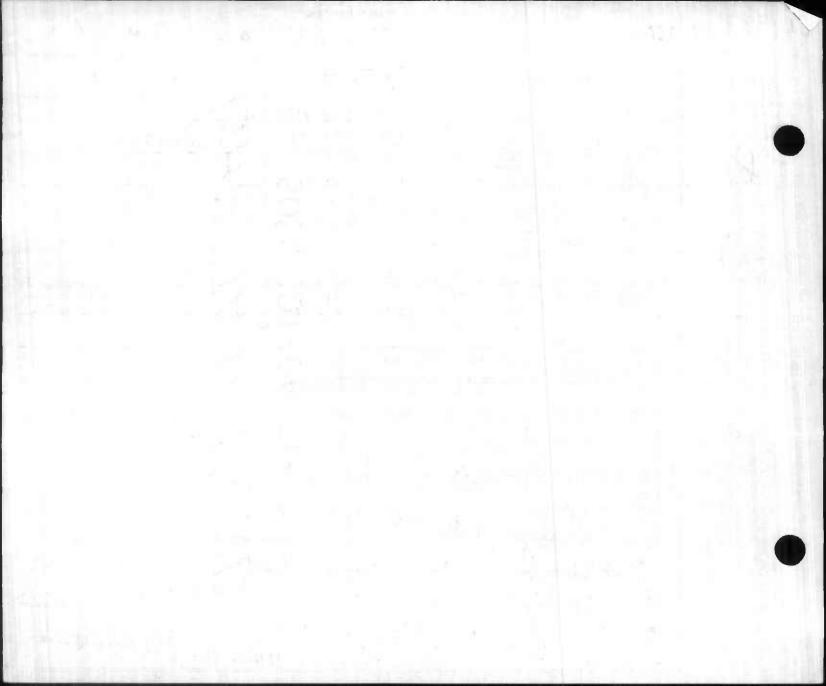
DIRECTOR



2	TATE	OF M	ARYL	AND	
DEPARTMENT	OF HE	ALTH	AND	MENTAL	HYGIENE

	0	3	77	1	1
NO		-			

0 1								STAT	E OF MARYLAND		1	7
04	1887.	JAN 3	a 8	FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL HYG	REG. NO.	3 1 /	1
				CEASED NAME OR PRINT)	FIRST		MIDDLE	-	AST	20. DATE OF DEATH MONTH	1.0	b. HOUR
	may be poge 3		(IIIFE	AI	VNI	4	NMN S	54-	TCH	1 -/6	6-87	M
	may od o		3. SE			4 RACE	+11	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)		F UNDER 24 HRS
	Page 4 r director, nours afte			female		whi	te	Jar	nuary 21, 1911	75 YRS.	MONTHS DAYS	HOURS MIN.
	h. Page ol direct	2 (4)		RTHPLACE (STATE OR F	OREIGN		WHAT COUNTRY?	8. MARRIE	D XNEVER MARRIED	9 BALTIMORE CITY OR COUNTY		
	deo deo	108		New York		USA		WIDOWI		WashingT		MD.
	- L -	4 4		TY OR TOWN OF DEA	1H	(IF NOT IN SUC	H FACILITY, GIVE STREET A	DDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LI	12b. KIND OF E	BUSINESS OR
201	it of the death	2	100	agerstown			ngton Co		Hospital	housewife		
BALTIMORE, MARYLAND 21201	t ha	9/6	130. 5	TATE	13b COUN	VIY	13c. CITY OR TOWN	7	134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COD	E	
AN	n 2, fill houl	-		aryland	wasr	nington	Hagerst	own	YES NO X	Route 2, Box	351	21740
IRY1	1	追介	14. F.A	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	WE	LAST	
×	A new	1		Alexand			Garbera		Mary		Pindri	SS
ORE	( 2 2 E	至.	- (	AS DECEASED EVER		MED FORCES?	16h SOCIAL SECU		17 INFORMANT	ADDRESS	44.7	
M.E.	4 0 %	Ē	n				158-22-7		John K. Sy	tch, Hagerstown		
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DIVISION OF VITAL RECORDS, 201	signe signe hen p	ury.	z	PART 2. OTHER SIGN	I IFICANT (	CONDITIONS <u>CO</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	VEN IN PART Tra	
ORG	ir. T	o v	CERTIFICATION	19a DATE OF OPERAT	ION	19h COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF YE	S, WERE FINDING	SUSED
A S	n. n. perm	o Sm	FIC,	DATE OF GLEAT		170. CO.10				IN CERTIF	FYING CAUSES OF	F DEATH?
ITAL	N. The	ohs	ERT	21a. ACCIDENT WAS UND	ERLYING F	7 216. TIME O	FINJURY		216 HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18 I	throad .	NO []
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ō	Affe es	BOE		22a.1 certify that (I)		ital) attended th	deceased from a	10	16 10 86	5 10 1/16	19 0 7 th	at (I) (we) last
	OR ATTEN ne hospitol DIRECTOR: oched for ur Dept. of He	21 is		saw the decease	d alive an		16 19 8	) , 01	nd that in (my) (our) opinian	death occurred an the date and hav	or and fram the ca	uses stated
	R AT Hosp	E		gbave, (1) (we) (d 77b. SIGNATURE	ia) (did no	A New the bady	atter death.		DEGREE		22c DATE SIG	GNED
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	retoi show	₹	23o. E	URIAL, CREMATION,	REMOVAL			AME OF C	EMETERY OR CREMATORY	234 LOCATION	-	
	BP			remation					oura Cremator	y Smithsburg,	Wash. M	arvland
		2 (0 :	24 FI	INERAL DIRECTOR		VNICH	UNERAL	HOM	E 25a. DAT	E REC'D. BY REGISTRAR 25W REGIST	TPARS SIGNATUL	6 daile
	DHMH - 16 60M (VRA 15, 4)		4	15 E. Wilso	on BI	lvd., Ha	agerstown	, Mo	1. 21740			
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1			OF THEM AND	STAT	E OF MARYLAND			,	13
9	JiN	STATE TOSTEN	CLEVELAND DEPA	RTMENT OF H CERTIF	EALTH AND MENTAL	HYGIENE	REG. NO.	3 1 /	O
		CEASED NAME PICKA	rd Cleve	1	ston SR	20. DATE OF		1987	230 M
	3. SEX		White	5 DATE C	DAY YEAR	6. AGE (IN YE	ARS LAST BIRTHDAY)	- OTTOGEN TO LEAN	F UNDER 24 HRS HOURS MIN.
(		RTHPLACE (STATE OR FOREIGN OUNTRY) Maryland	7b. CITIZEN OF WHAT COUNTI	DV2 8	D NEVER MARRIED	- 0 PAITIMO	YRS. RE CITY OR COUNT	Y OF DEATH	
3	10. C1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACHITY, GIVE ST	WIDOWE REST ADDRESS)	D DIVORCED	Was Was	hington CCUPATION FOR MOST OF WORKING LI Washer	12b. KIND OF	MD. BUSINESS OR
1	H5U/	agerstown AL RESIDENCE (HENURSING HOME OF STATE 136 COUR	Washington O	FORE ADMISSION)		4		03700	auant
3	M	aryland Was		r Spri		Route	# 1 Bo		
0	14. FA	THER'S NAME FIRST  Grover C	NIDDLE IAST TO	sten	15. MOTHER'S MAIDE FIRST Hazel	Mildr	ed Cu	nningha	em
1		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIV	F WAP OR DATES	6-5312	Dora L.	Bussard		# 1 Box	210 Md.
The second second second	ATION	PART I. DEATH WAS CAUSE IMMEDIA'  Conditions, if ony, which gove rise to immediate cause (a), storing the underlying cause lost.	DUE TO, OR AS A CONSECUTION OF TO OR AS A CONSECUTION OF THE CONDITIONS CONTRIBUTING	OVENCE OF	arrest  oats cel  nd mel	L carc	LYVOMA  OR CONDITION GIV	31 x	ncvilo
2	CERTIFICAT	190 DATE OF OPERATION	19b. CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	20a AUTO	IN CERTI	S, WERE FINDING FYING CAUSES O	
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c HOW INJURY OC	CURRED (ENTER NAT	URE OF INJURY IN ITEM 18	PART I OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI	CE, FARM ETC )	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
		sow the deceased afive on	ot) view the body after death.	(r-A	d that in (my) (our) ap	X 7 , to	on the date and has		ot (I) (we) lost
		22b. SIGNATURE USUA	fimo.			NG MEDICAL AN DIRECTOR [	STAFF PHYSICIAN	22c. DATE SI	S7.
		224 PHYSICIAN'S NAME (14PE C	PRINT)		22e. ADDRESS				
	23a. B	URIAL, CREMATION, REMOVAL Burial	1-13-87 S	hankto	emetery or cremate	h Cem Bi	POOL I	Washing	ton Md.
4	24 FL	INERAL DIRECTOR	Funeral Hom	ag <b>ee</b> e. Inc	stown, Md	JAN 1 4 K	GISTRAR 25 REGIST	DURIDUE PO	

DHMH - 16 60M 7/B4 (VRA 15, 4)

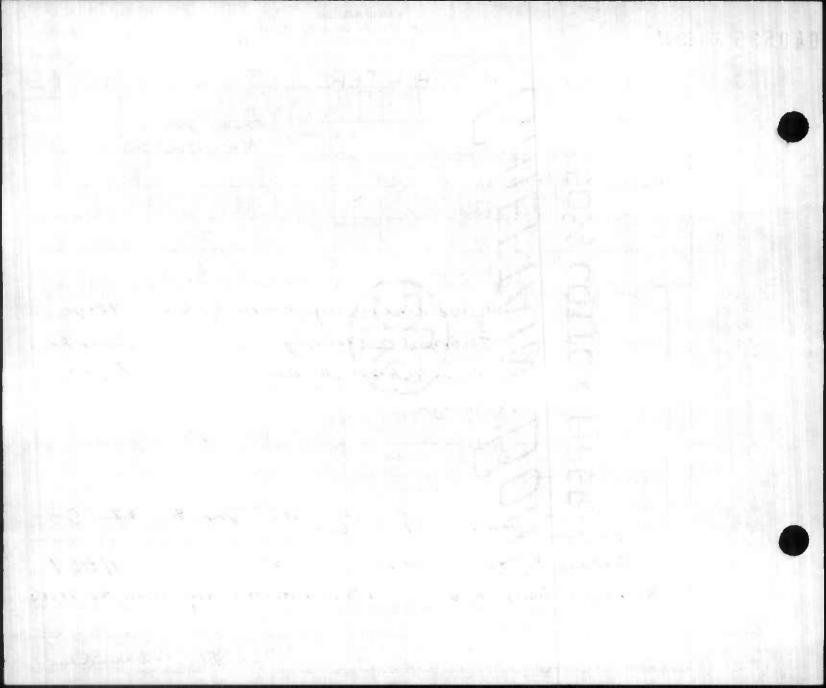
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IMPORTANT: If them 21 is marked or Item 18 shows any injury, ar other traum

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ay be age 3 death	1	MARGA	PET H.	WACH	TER	JANUA	RY 8	1987 8 P
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by the	1	AGERSTOWN	AVALON	LITY, GIVE STREET ADDRESS)		HOMEMAKER		HOME
212C	,	AL RESIDENCE HE NURSING HOME	OR OTHER INSTITUTION GIVE RE	ESIDENCE BEFORE ADMISSION				217/12
ND 21	130			GERSTOWN	13d. INSIDE CITY LIMITS?		TAIN HE	AD ROAD 170
rthin thin	14. F	ATHER'S NAME	SITHOTON PIA	SERO TOWN	15 MOTHER'S MAIDEN		IAIN IIL	AD NOAD
No de la Maria	5	EDWIN LI	EROY HEA	ADD CD	NTALA	MIDDLE	Mc CAD	DCI I
E. N	160	WAS DECEASED EVER IN U.S. A		ARD SR.	NINA 17. INFORMANT	LOUISE	VIC LAR	DELL
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The law requires that the death certificate be executed within 24 hours rather this certificate has been signed by Affect this certificate has been signed by Affect the certificate has been signed by Affect the company of the Abendal Hygiene primit. Then please in managed by a she was any injury, or other troumance event, the medical examiner to last the arms of the affect o		(YES, NO OR UNKNOWN) (IF YES, I	GIVE WAR OR DATES) 21/	4-09-0690	WILLIAM C	. WACHTER JR	CAME	AS 13
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been red priority	4 \mathrew{4}	190 DATE OF OPERATION	19h CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES. V	WERE FINDINGS USED
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Parks 1 is r				4 47		on death accurred on the d	ate and hour a	and from the causes stated
OR ATTEN e haspital DIRECTOR sched for up		sow the deceased alive and bove. The deceased alive and the deceased alive alive and the deceased alive al	not view the bady after		DEGREE			22c DATE SIGNED
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TO HOSPITAL (retoined by the TO FUNERAL I should be deto with the State I IMPORTANT: If				i.D.	1100 Oak		gerston	M, me 21/40
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BP	-	BURIAL	1-12-87	Rose Hi		HAGERSTO		
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(VRA 15, 4)		GERALD N. MINI	NICH HAGERS	STOWN, MARYL	AND	17 1901	Juna D	cordon fundas



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DHMH - 16 60M 7/84 (VRA 15, 4)

136. STATE  Maryland  Walter Shame  14. FATHER'S NAME FIRST  Wade  14. FATHER'S NAME FIRST  Wade  16.0 WAS DECEASED EVER IN U.S.  (YES, NO OR UNKNOWN)  17. TO THE PART I. DEATH WAS CA IMME!  Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost  PART 2 OTHER SIGNIFICAL  PART 2 OTHER SIGNIFICAL  PART 2 OTHER SIGNIFICAL  19.0 DATE OF OPERATION	Washington OR OTHER INSTITUTION GIVE RESIDENCE BE UNITY 13c. CITY OR TO Shington Hagers Warrer ARMED FORCES? 16b. SOCIAL SE 215-05 only ane couse per line for 101, (b),	MARRIED NEVER MAR WIDOWED M DIVOI SING HOME OR OTHER INSTITUTE BET ADDRESS! COUNTY HOSPIT ORE ADDRESS! OF ADDRESS.	VEAR  908  78  9 BALTIMORE CITY OF Washing ITION  12a USUAL OCCUPATI (1ype of Work for Most of ITION AIDEN NAME ITION  13a.STREET ADDRESS  60 East AIDEN NAME ITION  MIDDLE  Washing  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  O ADDRESS  O BALTIMORE CITY OF ITION  MIDDLE  WASHING  MIDDLE  WILLIAM ITION  ADDRESS  ADDRESS  ADDRESS  O BALTIMORE CITY OF ITION  MIDDLE  WILLIAM ITION  MIDLE  WILLIAM ITION  MIDDLE  WILLIAM ITION  MIDLLE  WILLIAM ITION  WILLIAM	YRS.  PR COUNTY OF DEATH  TON COUNTY  INDUSTRY  Chman Ribbon Co.  / ZIP CODE 21740  Washington Street  Delauter  ESS.  Washington St
3. SEX  Male  Jordand  Jordand	Thite  7b CITIZEN OF WHAT COUNTE  U.S.A.  11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STB WASHINGTON  OR OTHER INSTITUTION GIVE RESIDENCE BE UNTY  ANDOLE  LAST  WARRED FORCES? ARMED FORCES?  SIVE WAR OR DATES)  215-05  ONLY ONE OF THE STREET	April 28, 1  INY?  B. MARRIED NEVER MAR WIDOWED NOVER DIVIDING SING HOME OR OTHER INSTITUTE EET ADDRESS!  ORE ADMISSION OWN  13d. INSIDE CITY YES NOTHER'S M FIRS CURITY NO. 17. INFORMANT 16-7285  Velma  OUENCE OF	78 78 RRIED   Washing RCED   Washing	YRS  PRICOUNTY OF DEATH  ITON COUNTY  ITON COUNTY  ITON COUNTY  ITON COUNTY  ITON COUNTY  ITON COUNTY  ITON FWORKING LIFE;  ITON RIBBON Co.  ZIP CODE 21740  Washington Street  LAST  Delauter  ESS  TAPPORMATE INTERVAL BETWEEN ONSET AND DEATH
Maryland  10. CITY OR TOWN OF DEATH  Hagerstown  DSUAL RESIDENCE (IF NURSING HOAD  130. STATE  Maryland  14. FATHER'S NAME FIRST  Wade  160. WAS DECEASED EVER IN U.S.  (YES, NO OR UNKNOWN)  18. CAUSE OF DEATH (Enter PART I. DEATH WAS CA  IMMEI  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost  PART 2 OTHER SIGNIFICAL	The CITIZEN OF WHAT COUNTED  U.S.A.  11. NAME OF HOSPITAL, NUR Washington  OR OTHER INSTITUTION GIVE RESIDENCE BE UNTY Hagers  MIDDLE  Warret  Warret  ARMED FORCES?  BIVE WAR OR DATES)  Only one couse per line for (a), (b),  SED BY:  ATE CAUSE (a)  DUE TO, OR AS A CONSECTION  (b)	April 28, 1  Y? B. MARRIED NEVER MAR WIDOWED M DIVOI  SING HOME OR OTHER INSTITUTE EET ADDRESS)  COUNTY HOSPIT  ORE ADMISSION)  STOWN 13d INSIDE CITY YES M NOTHER'S M FIRS  CURITY NO. 17. INFORMANT  5-7285 Velma  OUENCE OF	RRIED   9 BALTIMORE CITY OF REED   Washing UTION   12a USUAL OCCUPATION   17a USUAL OCCUPAT	PRESIDENCIANT OF DEATH  Iton County MD.  Iton County MD.
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Hagerstown  January Land  Janu	IT. NAME OF HOSPITAL, NUR  (IF NOT IN SUCH FACILITY, GWESTIN  WASHINGTON  OR OTHER INSTITUTION GIVE RESIDENCE BE UNTY  MIDDLE  ARMED FORCES?  ARMED FORCES?  BYE WAR OR DATES)  ONLY ONE COUSE PER INC.  ATE CAUSE (a)  DUE TO, OR AS A CONSECTION  (b)	WIDOWED DIVIDING SING HOME OR OTHER INSTITUTE COUNTY HOSPIT ORE ADMISSION DWN 13d. INSIDE CITY YES X NO 15. MOTHER'S M FIRS CURITY NO. 17. INFORMANT 16. 7285 Velma OUENCE OF	Night Wat  LIMITS? 136.STREET ADDRESS 60 East  AIDEN NAME  MIDDLE  MASHING  178. STREET ADDRESS 60 East  AIDEN NAME  MIDDLE  MIDLE  MIDDLE  MIDLLE  MIDLLE  MIDLLE  MIDLLE  MIDLLE  MIDLLE  MIDLLE  MIDLLE  MIDLLE  MI	Delauter  Ess  Washington Street  Delauter  Ess  Approximate interval Between onset and pealin  Between onset and pealin  Between onset and pealin  Delauter  Between onset and pealin
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Wade  160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN)  18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA IMME!  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICAL	Warrer  ARMED FORCES?  16b SOCIAL SE  215-05  215-05  ATE CAUSE (a)  DUE TO, OR AS A CONSECTION  (b)	curity No. 17. INFORMANT Velma and IC. I	die 60 E V. Wiley Hage	ast Washington St erstown Md APPROXIMATE INTERVAL BETWEEN ONSE! AND DEAJH
18. CAUSE OF DEATH (Enter PART I. DEATH WAS CA IMME!  Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICAL	ARMED FORCES?  16b SOCIAL SE 215-05  2	OURITY NO. 17. INFORMANT  O-7285 Velma  and IC. 1  AUGUST	V. Wiley Hage	ast Washington St erstown Md APPROXIMATE INTERVAL BETWEEN ONSE! AND DEAJH
No  18. CAUSE OF DEATH (Enter PART I. DEATH WAS CA IMME!  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICAL	only one couse per line for (a), (b), SED BY: ATE CAUSE (a)  DUE TO, OR AS A CONSEC	ondicion wight a	V. Wiley Hage	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. CAUSE OF DEATH (Enter PART I. DEATH WAS CA IMME!  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last  PART 2. OTHER SIGNIFICAL	only one couse per line for (a), (b), SED BY: ATE CAUSE (a)  DUE TO, OR AS A CONSEC	ondicion wight a	1 11	BETWEEN ONSET AND DEATH
	(c)	O DEATH BUT NOT BELATED TO	THE TERMINAL DIFFACE OF COM	DITION CONTOURNED BART
19a DATE OF OPERATION	As Man & Air	lan loude to	feart Failure	/
	19b. CONDITION FOR WHI	CH OPERATION WAS PERFORM	//	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
		21c HOW INJUR	RY OCCURRED (ENTER NATURE OF INJU	RY IN ITEM IS PART 1 OR PART 2)
OR CONTRIBUTING CAUSE OF	CAIR	19		
OR CONTRIBUTING CAUSE OF	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	21f. LOCATION STREET	CITY OR TO	WN COUNTY STATE
220. I certify that (I) (this h	pital) attended the deceased from		19 70 10 /	11- 19-87, that (1) (we) lost
sow the deceased alive	on	, and that in (my) (and	r) opinion death occurred on the de	ate and hour and from the causes stated
22b. SIGNATURE	not i siew the poor otter degit	DEGREE		22c, DATE SIGNED

STATE OF MARYLAND

224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Maryland Edson B, Moody MD St. James 230 BURIAL, CREMATION, REMOVAL 23b. DATE 1-15-87 23c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery Burial Hagerstown Washington Md Andrew K. Coffman Funeral Home, Inc.

Hagerstown, Md 250 Date Recid. By Registrar 250 24 FUNERAL DIRECTOR

OUTH THEFTON

No. Bont Dr. From entry Fig.

mentalion Fastington County Hospital Pittin Enterpris Co.

Warrender Saddle Dolauser

13 rom with the Jens Co 215-05-2265 vetma v. miley mageratorn, bu.

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Bartel T. B. T. Burn Mil Constery Bacovsters | bashington, Ma

4 1 0 0 1 HW 00	1.,	FOR	DC		E OF MARYLAND HEALTH AND MENTAL HYO	CIENE	0 7	2.9
+ 1 0 9   JAN 28	14	- STATE REGISTRAR	DE		ICATE OF DEATH	REG. N	U 3 !	0 64
		CEASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEATH		R 26 HOUR
3 75	(TAP	MAMIE	LORETTI	A WAI	PRENFEITZ	JAN 15	1987	10 M
Accept a	3,58		4 RACE	S. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIR	RTHDAY) IF UNDER LY	EAR IF UNDER 24 HRS
26.4		FEMALE	CAUC	MAR		87	YRS. DA	
2 52 47/	JI, B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH	1
V1, 12 10		Md.	USA		ED DIVORCED	WAShi	NGTON CO.	UNTY, MD.
0, (1)	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I		OR OTHER INSTITUTION	120 USUAL OCCUPAT		
5 1 1 70	14	45ERSTOWN	CLEAR VIEW 1	1 // 1	HOME INC	HOUSEWIF		
2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CSU	A RESIDENCE (IF NURSING HOM	ME OR OTHER INSTITUTION GIVE RESIDENCE OUNTY	CE BEFORE ADMISSION	113d INSIDE CITY LIMITS?	13e STREET ADDRESS		
2 1	1	130		MSPORT	YES NO NO	27/2 MOS		21795
是 ( 納到)	14.F	ATHER'S NAME		1	15 MOTHER'S MAIDEN NA			
* (100		9EORGE	and the same of th	ITH	EMMA	MIDDLE	Sigl	ler
2 2 2		WAS DECEASED EVER IN U.S.	. ARMED FORCES? 166 SOCIA	AL SECURITY NO.	17 INFORMANT	ADDR	ES2712 Mosby	
Ow a con	1	NO OR UNKNOWN) (IF YES	S. GIVE WAR OR DATES)	74-8438	Mrs. Doris	E. Reeder,	Williamsp	port. Md.
AAT		18 CAUSE OF DEATH Ente	er only one cause per line far (a).	(b) and (c)				PROXIMATE INTERVAL
F., B			er only one cause per line far (a), USED BY: DIATE CAUSE (a) ARTE		TIC HEHRET	DISEASE		EARS
N S		WWW.C	DUE TO, OR AS A CON					
STO Henself He		Canditions, if ony, which		13EOUENCE OF			1 4	
My to a district of the control of t		gave rise to immediate couse (a), stating the		ICEOUENICE OF				
W to the control of t		underlying couse last		1SEQUENCE OF				
20 as the part of		PART 2 OTHER SIGNIFICAL	NT CONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO THE TERM	AIN AL DISEASE OR CON	IDITION GIVEN IN PAR'	T Ira
RDS report of the branch of th	Z O	POL MONAU	4 EMPHYSEMA.	RHEUMHT	IC HEKAT DI	IENCE.		
000	CATION	190 DATE OF OPERATION	196 CONDITION FOR			200 AUTOPSY?	206. IF YES, WERE FIN	IDINGS USED
3 16 24 16	1 111	-				YES NO	YES [	NO [
VITA t years B sh	8	210 ACCIDENT WAS UNDERLYING	110110 111 11011	THE DAY VEAD	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART I OR PART	(2)
O Bath of the O	4	OR CONTRIBUTING CAUSE O		IH DAY YEAR				
VISION OF G Presidua or the certification of a the burnoth coord Mental	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY		21f LOCATION	CITY OR TO	OWN COUNTY	STATE
NIS OF THE PROPERTY OF THE PRO	2	NOT WHILE AT WORK	(AT HOME, STREET FACTORY,	OFFICE, FARM, ETC	318661	CIT ON IC		
D SON		00 1 110 11 111 111 1	ospital) attended the deceased	from ON	1-15 19.87	, ta	. 19	that (I) (@) lost
E 2422		saw the deceased alive	e on December 16 d not) view the body after death	19 PC 0	nd that in my (our) opinian	death occurred an the d	late and have and from	the causes stated
A STATE OF THE STA		226. SIGNATURE	P		DEGREE		22c. D/	ATE SIGNED
4 444		Rostille		n	ATTENDING PHYSICIAN [	DIRECTOR PHYSIC		15-07
P. S.	1	228. PHYSICIAN'S NAME (1	YPE OR PRINT)		22e. ADDRESS 339	E ANTIGTH	14 57	
HOS HUM		BARRY M	COHEN, MIS	0	HAGEUST	DUNN, MD,		
5 5 5 4 1 3	23a	BURIAL, CREMATION, REMO	VAL 23b. DATE	230 NAME OF	EMETERY OR CREMATORY	23d LOCATION		
8P		Burial	1-19-87	Boonsb	oro Cemetery	Boonsbo	ro, Wash. C	o., Md.
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR Ba	st Funeral Home	е	25a DA	TE REC'D. BY REGISTRAR	256. REGISTRAR'S SIGN	NATURE
(VRA 15, 4)		John H. Bast,	Jr. Boonsbor	o, Md.	21713	IAN 28 1097	Julia Dans	Mary Compression
Production of the control of the con	-				-			

Pil Acedor II.

Jones Buena Waynesboro. 20s. IF YES. WERE FINDING IN CERTIFYING CAUSES OF THE HOW INJURY OCCURRED TENTER WATURE OF INJURY IN JUDA 18, PART 1 OR PART 71. COUNTY STATE that (b. (we) last and that in (my) (our) opinion death accurred on the date and how and from the causes stated 17L DATE SIGNED DIRECTOR PHYSICIAN Jan. 12 1987 Jefferson Cemetery Buria1// (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

75 HOUR

12h KIND OF BUSINESS OR

Self Employed

# LINCOS TAL HIS

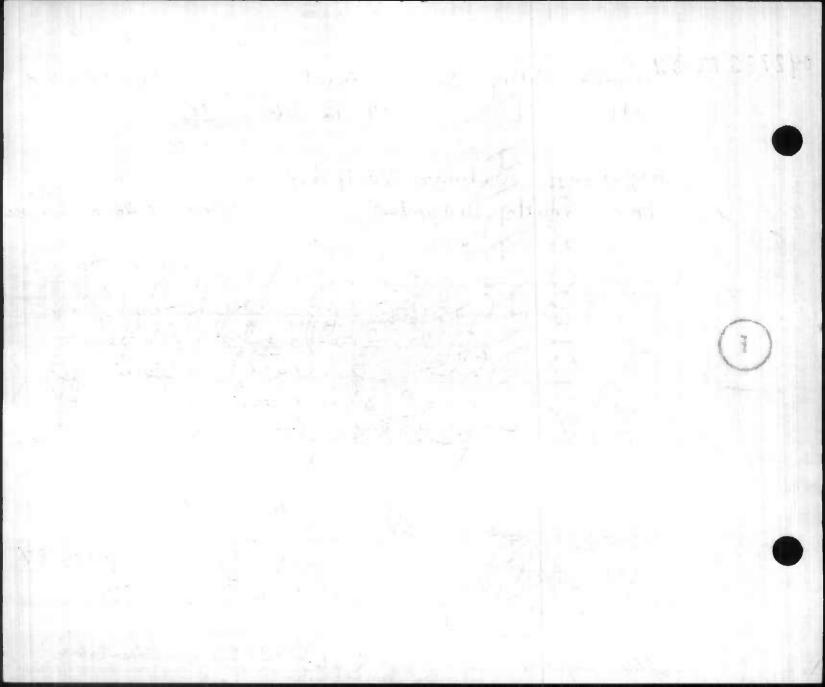
IF UNDER LYEAR

INDUSTRY

DHMH - 16 60M 7/84

- STATE

REGISTRAR



## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

WELLS

A AGE UNYEARS IF UNDER 1 YR

20. DATE KNOWN XT

OF ESTI-

2c. DATE

PRONOUNCED DEAD

11 10 87

HOUR

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æ	坦	30	31	2
100	簽	3	呈	
Ĕ	Ē	7	2	7

4 RACE DATE OF BIRTH white A RIRTHPLACE (STATE OF FOREIGN COUNTRY

Walter

YEAD LAST BIRTHDAY) July 31, 1918 68 YRS

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Homer

MARRIED X NEVER MARRIED DIVORCED - 9 BALTIMORE CITY OR COUNTY OF DEATH Washington

12a USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY meat cutter

JAN.

Hagerstown 30. STATE

IN CITY OR TOWN OF DEATH

New York

- STATE

THE OF SERVICE

Washington

(IF YES GIVE WAR OR DATES) W.W.II

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

USA

Hagerstown

156-09-2384

#427 - CARDIAG ARREST

Washington County Hospital

11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION

13d. INSIDE CITY LIMITS? 13e STREET ADDRESS YES X NO 112 E. Wilson Blvd. 15. MOTHER'S MAIDEN NAME

Catherine

IF UNDER 24 HRS.

ALCIDI F

ADDRESS

21740

Maryland 14 FATHER'S NAME Harvey

yes

(YES, NO, OR UNKNOWN)

Wells 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO.

17 INFORMANT

Mrs. Mary M. Wells, Hagerstown, Md.

PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Canditians, if any, which gave rise to immediate

DUE TO, OR AS A CONSEQUENCE OF - ARTERIOSCLEROTIC CARDIOVASOULAR DISEASE DUE TO, OR AS A CONSEQUENCE OF

10 - 15 YRS.

APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH

IMMED.

20. AUTOPSY?

YES

NO X

cause (a) stating the underlying cause last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to

a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERA	TION WAS PERFORMED?
a EXTERNAL CAUSE WAS	216. TIME OF INJURY	121c. HOW INJURY OCC

ral causes X

HOUR A.M. MONTH DAY YEAR 21e PLACE OF INJURY (AT HOME

STREET, FACTORY, FARM, ETC.)

216. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 21f. LOCATION

CONTRIBUTING CAUSE OF DEATH WHILE AT WORK

death resulted

UNDERLYING OR

220. I certify that I taak charge of the remains described above, held an Accident

Hamicide \_\_\_\_ Undetermined manner

ACTUAL SIGNATUR

burial

TITLE (SPECIFY) DEPUTY

WEST WASHINGTON STREET

DATE JAN. 12,1987

EXAMINER'S NAME EDWARD W. DITTO, 111, M.D. (TYPE OR PRINT) 23a.BURIAL, CREMATION, REMOVAL 23b. DATE

23r NAME OF CEMETERY OR CREMATORY Jan. 13, 1987 Rest Haven Cemetery

Autopsy

23d. LOCATION Hagerstown, Wash., Maryland

HAGERSTOWN, MARYLAND 21740

CITY OF TOWN

24. FUNERAL DIRECTOR MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740

250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE Julia Davidson Pa

COUNTY

**DHMH-17** (VR A15 ME (5)) 15M 7/76

WORD "PL WE CHIEF A BE USED A TOF HE

AEDICAL EXAMINER AS A BURIAL-TRANSIT REMOVA 0

CERTIFICATION OR TO BURTH

DRWARDED TO THE CHI.

R. PAGE 3 SHOULD BE U.

STATE DEBARTAENT OF

TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WE PAGE A SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE ATTH, WITH THE STATING MARYLAND, 21201

BALTIMORE

PRESTON ST.,

Trust dat the e A DI TI ALLE PARLESSANT DES CARRESTOS A RESERVA TRIPL SOTE INCA TO AT 1830 JUST THE WORLD STREET

MINNICH FUNERAL

415 E. Wilson Blvd., Hagerstown, Md. 21740

Eleanor Jane

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

WENDT

& AGE (IN YEARS LAST BIRTHDAY) 9. BALTIMORE CITY OR COUNTY OF DEATH Washington 17s. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY construction 21740 13e.STREET ADDRESS / ZIP CODE 1736 Edgewood Hill Circle Seibert 510 MDDRAllison St. Fred Peiffer, Greencastle, Pa. 17225 20b. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES T 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 CITY OR TOWN COUNTY STAFF Clear Spring, Wash., Maryland 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

REG. NO

MONTH

26 HOUR

20 DATE OF DEATH

DHMH - 16 60M 7/84 (VRA 15. 4)

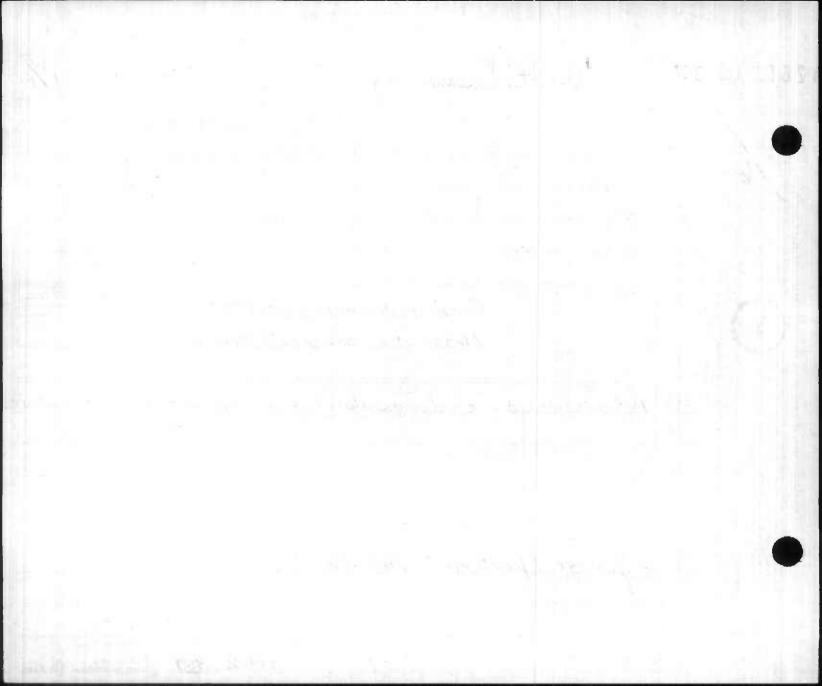
24 FUNERAL DIRECTOR

- STATE

TYPE OR PRINTS

1. DECEASED NAME

REGISTRAR Eleanor Jane WENDT



an and completely filled in by the funeral director, page 3 s. Pages 1 and 2 shauld be filed within 72 haurs after death

041255 JAN 20 87 FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1		
	REG.	NO

18	FOR STATE REGISTRAR			DEPA		EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 7 REG. N	0 3	1 4	5 0
	CEASED NAME	FIRST	A	AIDDLE		AS1	20 DATE OF DEATH	MONTH DAY	Y YEAR	26. HOUR
(TYPE	E OR PRINT)	RAYSO	~ Le	90	WIGI	FIELD		1-12-	-87	75AM
3. SE	Х	4 F	RACE		5. DATE O		6 AGE (IN YEARS LAST B		UNDER TYEAR	IF UNDER 24 HRS
m	ale		whit	te		18, 1916	70	YRS.	DATS	NOOKS MIN.
	IRTHPLACE (STATE OR	FOREIGN 76	CITIZEN OF	WHAT COUNT	RY? 8.	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O	F DEATH	HILL
-	ennsylvani	a	USA	A	WIDOWE	**	Wasi	hington		MD
10 C	ITY OR TOWN OF DE	ATH 11.		OSPITAL, NUI		R OTHER INSTITUTION	120 USUAL OCCUPAT		126. KIND O	F BUSINESS OR
	agerstown		Washi	ngton C	ounty H	ospital	police of	ficer	city	
13a. S	AL RESIDENCE (IF NUR STATE aryland	SING HOME OR OTH 13b. COUNTY Washir		13c. CITY OR T	efore admission) OWN stown	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗍	13e.STREET ADDRESS 811 Mulb	/ ZIP CODE erry Av	e.	21740
14. E/	ATHER'S NAME	MIDI	DIE	tasi		15. MOTHER'S MAIDEN NA	ME MIDDLE		LASI	1
	Clem		stin	Wigf	ield	Edith	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Sige	1
	WAS DECEASED EVER			166 SOCIALS	ECURITY NO.	17 INFORMANT	ADDR	RESS		11-11-1-1
n	YES, NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	214-10	-5716A	Eileen Wigfi	eld, Hager	stown, 1	Maryla	nd
	Conditions, if ony gove rise to im couse  0 , stoliu underlying couse	VAS CAUSED B IMMEDIATE C  IMMEDIATE C  IMMEDIATE C  IMMEDIATE C  IMMEDIATE C	AUSE (o)  DUE TO, OI  (b)  DUE TO, OI	R AS A CONSE	QUENCE OF Jon cho		d- rainemo			IMATE INTERVAL ONSET AND DEATH
NO	19a DATE OF OPERA		ANT CONDITIONS CONTRIBUTING TO DEATH BUT			N WAS PERFORMED 200 AUTOPSY? 20b. IF			EES, WERE FINDINGS USED THYING CAUSES OF DEATH? YES \( \) NO \( \)	
	210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED	CAUSE OF DEATH	216. TIME O HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PA			T I OR PART 2)	
MEDICAL	214 INJURY OCCUR	RRED	21e PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFF	ICE, FARM, ETC )	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
	22e. I certify that (I) (this haspital) attended the deceased from									
	276. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF  1/14/87								SIGNED 4/87	
	ABDUL	AME (TYPE OR PR	KEFED	mo			HILL AV	E. HAG	ERSTO	Mar. MA)
	BURIAL, CREMATION,		36. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN		COUNTY	STATE
	burial		Jan.15			lley Mem. Cem				Pa.
	UNERAL DIRECTOR  15 E. Wils	MINNI son Blvd		ADDRE	IOME m, Md.	the second secon	E REC'D. BY REGISTRAL	1/1/4	ndon- K	- Lake

415 E. Wilson Blvd., Hagerstown, Md. 21740

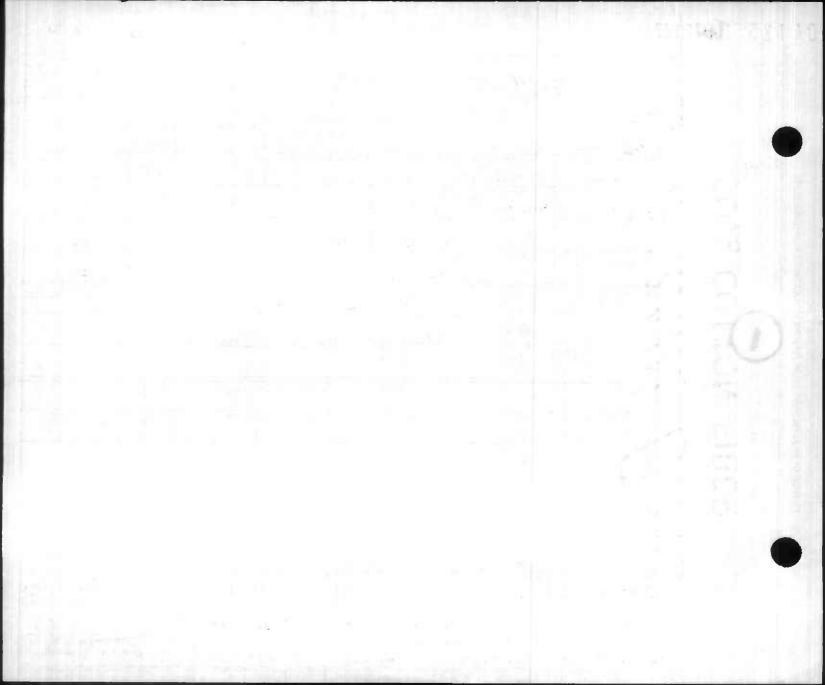
DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use as the burial-tipmin permit Third with the State Dept. of Health and Mental Hymmer prior to be TO FUNERAL DIRECTOR, After this certificate has been

or offending physicia

retained by the haspital

IMPORTANT: If them 21 is marked or them 18 than



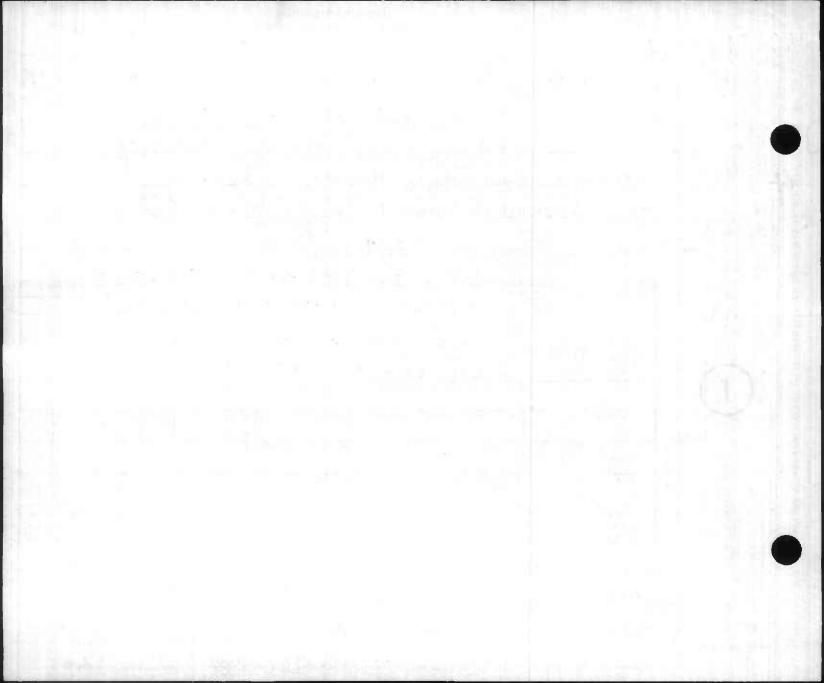
## STATE OF MARYLAND

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	REG. N	0.		
FOF	OF A YLL		EL AV	

		FOR STATE REGISTRAR			PARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH						
	100	DECEASED NAME FIRST LOUISE				AST	REG. N	O. MONTH DAY	YEAR	26 HOUR	
		OR PRINT)	Loui	Lse			Za. DATE OF DEATH	1 2		15 31/	
		DORIS		,	WILES		Land State of the land	7 87	12 DM		
	3. SE	X	4 RACE		DATE C		& AGE (IN YEARS LAST BIR		UNDER TYEAR	IF UNDER 24 HR5	
		Female	W		MONTH 3	93 1924	62	YRS.		HOURS - MIN,	
0		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIEI	NEVER MARRIED	9 BALTIMORE CITY	R COUNTY O	FDEATH		
	7	1.S.A.	U.S		WIDOWE		Wast	ringt	on C	O. MD.	
7	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSING	HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATI			F BUSINESS OR	
1	F	tagerstown	Wash	naton Co	. Ho	spital	HOLE SE WIFE.				
e de	13a S	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN	OTHER INSTITUTION TY	GIVENESIDENCE BEFORE AD	MISSION	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ TIP CODE	71-	745	
2		Md. Wash	ington	Williams	ort	YES NO	Milestone (	arden	Apts.	14-1	
0	14. FA	THER'S NAME	AIDDLE	LAST		15 MOTHER'S MAIDEN NAM			1.45		
	Fr	red L.		Everhar	t Sr	Pauline	2		Corde	rman	
		VAS DECEASED EVER IN U.S. ARA		166 SOCIAL SECURI	TY NO.	17 INFORMANT	ADDRI	SS			
-	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)		217-18-74	46	Boyd Wiles,	Wiles, Jr., Williamsport, Md.					
1			v one couse ner	line for (a) (b) and (	C) I					MATE INTERVAL	
	-	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)		NCREASE	7	INTRACRAN	IAL DOF	SSURE	BETWEEN	INSEL AND DEATH	
		IMMEDIAT	E CAUSE (a)/	KCKLIJE	· D	The transfer of	111/2	22017			
			DUE TO, O	R AS A CONSEQUEN	CE OF	in a clear	200111	-			
		Conditions, if ony, which gave rise to immediate	(b)_	SUB ARI	HE HI	HEM CION	MERRHAG				
		cause (a), stating the	DUE TO, O	R AS A CONSEQUEN	CE OF		4.4.		1113		
-		underlying couse last.	(c)	RUPTURE	D	CEREBRAL	ANEUR	.x SM			
	z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART TIC		
4	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHI		ITION FOR WHICH O	PERATIO	N WAS PERFORMED	200 AUTOPSY?	VERE FINDIN	ICS LISED		
	FIC	DATE OF OFERATION	170 00140	more or winer of	CKATIO	T WASTERI ORMED		NG CAUSES OF DEATH?			
	ar .						YES NO	YES		NO 🗌	
		OR CONTRIBUTING CAUSE OF DEA	21b. TIME C	OF INJURY M. MONTH DAY	YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM TO PART	I OR PART 2)		
	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	In .	M.	19	Jake .					
-	MEDICAL	21d INJURY OCCURRED	21e PLACE			211 LOCATION	650.00.70		COUNTY	STATE	
	2	AT WORK NOT WHILE	(AT HOME, ST	REET, FACTORY, OFFICE, FARA	M, ETC.)	STREET	CITY OR TO	WN	COONTY	STATE	
		22a   certify that (1) (this haspit	al) attended th	e deceased fram		19	, to	, 19		that (I) (we) last	
		sow the deceased alive an obove, (1) (we) (did) (did not	) view the hody	after death	, an	d that in (my) (aur) apinian a	death occurred on the d	ate and hour a	nd from the	couses stated	
1		226. SIGNATURE	2 ^	anter ocurr.	(	DEGREE			22c. DATE	SIGNED	
J		1 divar	& By	ed Mil.		ATTENDING PHYSICIAN	MEDICAL STA		27 J	an, 87	
40		22d. PHYSICIAN'S NAME (TYPE OF	PRINT)			22e. ADDRESS			1.3		
		EDWARD B	YRD,	M.D.		1198 KENLY	/ AVE, A.	LGERS	TOWN	MD, 21740	2
	23o. E	BURIAL, CREMATION, REMOVAL	23b. DATE		ME OF C	EMETERY OR CREMATORY	23d. LOCATION				
	(	SPECIFY) cremation				irg Crematory	CITY OR TOWN	ura Ma	county	Maryland	
1	74 FI	JNERAL DIRMINNICH FU			-112D(		E REC'D. BY REGISTRAR				
		NAME		ADDRESS	111			EJB. REGISTRA	I AMOIC C A	JKC	
	4	15 E. Wilson Bl	.va., Ha	agerstown,	Md.	21740	2 7002	- Buile	Buch	et .	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR A chaulathe detoched for una with the State Dept, of Heo



25 11		0007	200.401	STATE OF MARYLAND	O LEVIS	0.0
J J JA	11	REGISTRAN CHARLES	ELLSWORTH	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	8 /	03100
- V 3		CEASED NAME EIRST	WOLFE MIDDLE	LAST	REG. NO.	INTH DAY YEAR 76 HOUR
eath	{ TYPE	Charle.	S Ellsworth	WALFO		1-1-87 240
P e	3 SE	- 11011-	4 RACE	5 DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHD	
rs of	-1	Male	White	07 22 1914	72	YRS. DAYS HOURS MI
135		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR	OUNTY OF DEATH
The same	1	nary/and	USA	WIDOWED DIVORCED	Washi	ng ton
19/	10 C	TY OR YOWN OF DEATH	(IE NOT IN SUCH FACILITY, GIVE STREET		170 USUAL OCCUPATION	ORKHIG LIFE) INDUSTRY
1 190	USU/	Agerstown ALRESIDENCE (IF NURSING HOME O	GAPLOCK NUT	Sing Home	Fairchild	HICCHAT
133		ARYLAND WAS	HINGTON HAGERS		13e STREET ADDRESS / Z	P CODE 21740 AVENUE
I SAN		THER'S NAME	SACTOR AND TO	15 MOTHER'S MAIDEN NA	AME	
(3) (3)		VERNON	E. WOLFE	IDA	REBECCA	CLINE
ages 1		VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SEC			FRANKLIN ST
s. Pa		No	- 214-14-	-6621A C.THOMAS WO	OLFE HAGERS	TOWN, MD.
1	7	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per line for (a), (b), a	nd (c.)	1-1.100 7	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
114			TE CAUSE (a) Cardi	o pulmon t	trres/	
11.			DUE TO, OR AS A CONSEOU	JENCE OF		
100		Conditions, if any, which	( 16) 4 there	Surses		
Ten der t		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEON	JENCE OF		
leose tol, c	1	underlying cause lost	(c)			
hen p to bur tjury,	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM		
ior to	TIO	19a, DATE OF OPERATION	WITH CONDITION FOR WHICE	HOPERATION WAS PERFORMED		06. IF YES, WERE FINDINGS USED
E D D	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHIC	HOPENHON WAS PERFORMED		CERTIFYING CAUSES OF DEATH?
Hygier Hygier Hygier	ERT	71a. ACCIDENT WAS UNDERLYING	7 216, TIME OF INJURY	71c HOW INJURY OCCUP	RED (ENTER NATURE OF INJURY IN	YES NO
THE THE		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	CLED I ENGER INVIOLE ON MAJOR IN	THEM TO PART TORVARTED
Mental Mental	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 71d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	211. LOCATION		
the board M	MEC	WHILE NOT WHILE	(AT HOME STREET EACTORY, OFFICE		CITY OR TOWN	COUNTY
as the lath of the		AT WORK AT WORK		Man 15 10 XC		( )
Hear		220.1 certify that (1) Othis hasp sow the deceased alive of	ital) attended the deceased from	(1)	, 10	, 19, that [1] (we)
9 40		above, (1) (we) (did) ¿did n	ot) view the body after death.		death accurred on the date	and hour and from the causes stated
Dept		226 STGNATURE		DEGREE ATTENDING	MEDICAL STAFF	224 DATE SIGNED
deto ore		> 1 A		M. P. ATTENDING PHYSICIAN	DIRECTOR PHYSICIAL	10 112/8
be de Stat		220 PHYSICIAN'S NAME TTYPE	OR PRINT)	22e ADDRESS	ha. o	21 11 11
should be with the St		Unthea F	K/EPPING	er 323 W.1	Memorial	13/Vd , Hasen
£ 3 ₹	23a E	BURIAL, CREMATION, REMOVAL	. 236 DATE 230	NAME OF CEMETERY OR CREMATORY	23d LOCATION	MA
		Burial	1-5-87 F	est Haven Ceme		county Mday
508A 4/83	24 FL	JNERAL DIRECTOR		erstown, Md. 250. DA	TE REC'D. BY REGISTRAR 25	ECICIOAR'S SIGNATURE
6 50M 4/83 15, 4)	A	.K. Coffman	Funeral Home	Inc.	N 1 4 1987 4	ulia Tandon Parlas

Antial Later, weather Consuctor, weathers, weathers, weathers, to the Consuctor, weathers, we then the consuctor of the Consu

njury, or other troumatic

CERTIFICAT

MEDICAL

230 BURIAL, CREMATION, REMOVAL

Then pleos

prior

use as the burial-transit per dealth and Mental Hygiene

morked or Item 18 s

IMPORTANT: If Item 21 is

should be detached for with the State Dept. of P

poge urs ofter FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7 REGISTRAR		CERTIFICATE OF DEATH	8 / REG. NO.	
DECEASED NAME (TYPE OR PRINT)	Ron Willa	ard WOOD	20 DATE OF DEATH MONTH D	NAY YEAR 26 HOUR A
3 SEX Male	white	5. DATE OF BIRTH  MONTH  DAY  1919		IF UNDER 1 YEAR IF UNDER 24 HRS AONTHS DAYS HOURS MIN
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY	
Hagerstown	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GITE STREET A		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE  **salesman**	126 KIND OF BUSINESS O
HISTIAL RESIDENCE HE NURSING HOME O	R OTHER INSTITUTION GIVE RESIDENCE REFORE	ADMISSION)		1110011

1	Hagerstown		PITAL, NURSING HOME C	Hospital	12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) salesman	industry clothing
	USUAL RESIDENCE (IF NURSING HOME OF 130, STATE 136 COU		RESIDENCE DEFORE ADMISSION) CITY OR TOWN 1098810WN	134 INSIDE CITY LIMITS?	130.STREET ADDRESS / ZIP CODE	Terrace 1
	14. FATHER'S NAME FIRST Ralph	MIDDLE	Wood	15. MOTHER'S MAIDEN NAM Addie	MIDDLE	Yount
	160 WAS DECEASED EVER IN U.S. AR {YES, NO OR UNKNOWN} (IF YES, GIV YES  W. W	E WAR OR DATES)	ADDRESS  J. Wood, Hagerstov			
	18 CAUSE OF DEATH (Enter DE PART I. DEATH WAS CAUSE IMMEDIA		POSPINATI	ony appent		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gove rise to immediate	(b)	A FOR LEONEN GE OF		HTOW AMON	
	couse [0], stating the underlying cause lost	DUE TO, OR AS	ACONSEQUENCE OF ME	MA WARRIATE	o Reval forwi	ee
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTE	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN	JIN PART 110

190 DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [ NO T 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) HOUR A.M. MONTH YEAR DAY OR CONTRIBUTING TO CAUSE OF DEATH

P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC )

this haspital attended the deceased from and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 77% SIGNATUR DEGREE

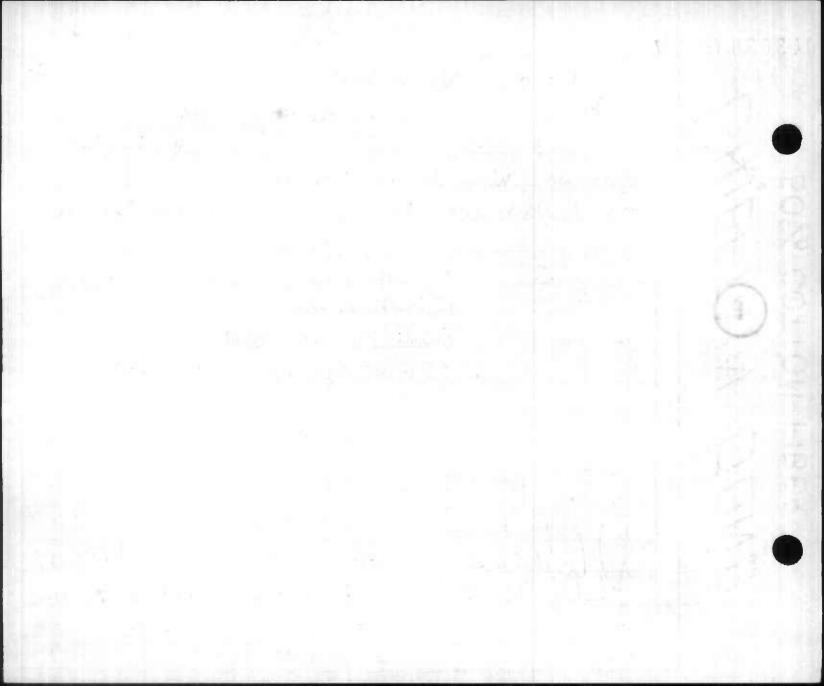
ATTENDING STAFF **PHYSICIAN** 

230 NAME OF CEMETERY OR CREMATORY

Smithsburg, Wash., Maryland cremation Feb. 1, 1987 Smithsburg Crematory MINNICH FUNERAL HOME 415 East Wilson Blvd., Hagerstown, Maryland 21740 BY PEGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



	STATE	OF M	ARYL	AND	
DEPARTMENT	OF HE	ALTH	AND	MENTAL	HYGIENE
CEI	DTIEL	CATE	OF	DEATH	54

107	FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	SIENE / REG. N	0	3!	4 0	
	CEASED NAME	ha	Vio	la	Wyo	and	20 DATE OF DEATH	MONTH	2 87	26 HOUR 10:35 p	
3. SE	× /emale		1 RACE In	ite	Augu		6. AGE (IN YEARS LAST BI	RTHDAY)	MONTHS DAYS	HOURS MIN.	
76. BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT U.S.				MARRIE WIDOWE	D NEVER MARRIED D	Washingto	_	Y OF DEATH	M		
(IF NOT IN SUCH FACILITY,				H FACILITY, GIVE STREET	SING HOME OR OTHER INSTITUTION RECT ADDRESS)  Unty Hospital  126 USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING LIFE] INDUSTRY  Homemaker						
13a. S	AL RESIDENCE (IF NURSI STATE <b>ryland</b>	13b. COUN		GIVE RESIDENCE BEFORE 134. CITY OR TOWN BOONSOO	N	13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS 112 Orcha			17/3	
	ATHER'S NAME FIRST	E	dward	Clipp		15. MOTHER'S MAIDEN NA. FIRST  Laura	WIDDLE		Gleaso		
	VAS DECEASED EVER YES, NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	214-74-		17. INFORMANT	ADDR	ESS			
	18 CAUSE OF DEATH PART I. DEATH W	AS CAUSE	ly one cause per D BY: E CAUSE (a)	1.1	ovasw	lan shock			APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH	
	Conditions, if any, gave rise to imm couse (o), statin underlying cause	nediate g the	(b)_	R AS A CONSEQUE R AS A CONSEQUE	my	goeardiel m	faction		48	kours.	
NOI	1.7	puch	14-7	MIRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR COM	IDITION G	IVEN IN PART 10	a	
CERTIFICATION	190 DATE OF OPERA	MON	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE YES NO NO				
MEDICAL CER	210 ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIB	AUSE OF DEA	) P.	m. MONTH DA M.	Y YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18	PART I OR PART 2}		
MED	WHILE NOT WHAT WORK	ILE 🗍	21e PLACE LAT HOME, STE	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC }	211 LOCATION STREET	CITY OR TO	OWN /	COUNTY	STATE	
	22a I certify that (1) saw the decease above (1) (we) (d	d aliye on	1/	2 19	82. or	nd that in (my) (aur) opinion	death accurred on the	ate and ho	, 19	that (1) we) las	

22a I certify that (1) (this haspital) atter saw the deceased alive of abave (() we) (did) (did not) view to 226. SIGNATURE

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Lane

22d PHYSICIAN'S NAME

22e. ADDRESS

230. BURIAL, CREMATION, REMOVAL Burial BP

3. SEX

1-6-87

230 NAME OF CEMETERY OR CREMATORY Boonsboro Cemetery

Rt. L Box 7

23d LOCATION Boonsboro

Washington 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4)

John H. Bast Jr. Boonsboro Mary Land 21713

110-20 113030

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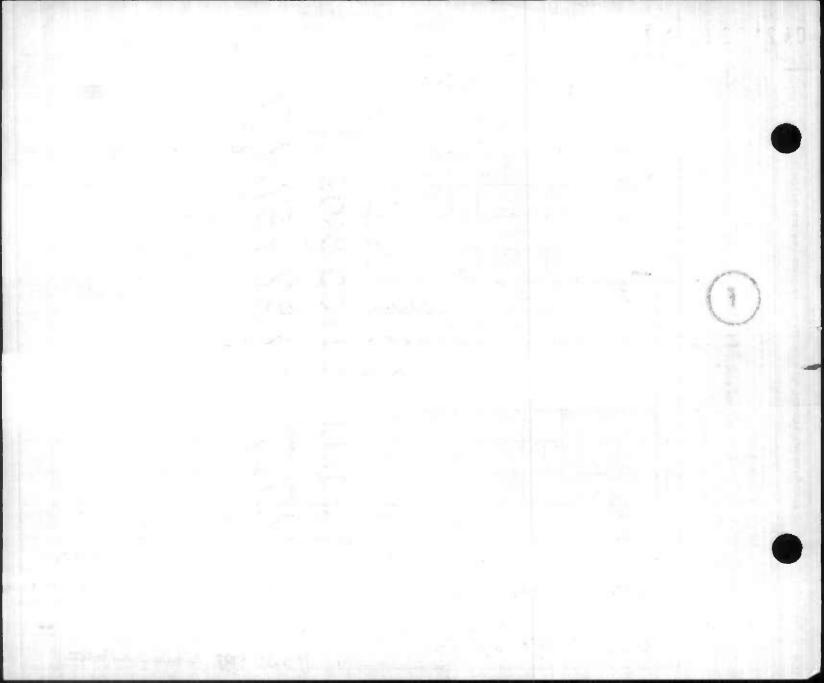
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3 FEB	2	E R FIATE EGISTRAR				ARTMENT OF	E OF MARY SEALTH AN SICATE OI	D MENTAL HY	SIENE 8	/ REC	G. NO. 0	3	ì	9 1
20	I. DE	CEASED NAME	FIRST	6 - 1	MIDDLE		LAST		20. DATE	OF DEAT	н момтн	DAY	YE AR	2b HOUR
0	1		arbara	1	Virgini.	a	Yoe		Ja	nuary	v 23	19	87	10:45pA
	3, SE			RACE			OF BIRTH	MEAD	6. AGE	IN YEARS LA	ST BIRTHDAY)	MONT	HS DAYS	IF UNDER 24 HRS
		Female		Whi	te	Jan		1911	1		75 YR		H3 DATS	HOURS MIN
19/1		RTHPLACE (STATE OR F	OREIGN 7b	CITIZEN OF	WHAT COUN	TRY? 8	DAL MEVE	R MARRIED	9. BALTI	MORE CIT	TY OR COU	NTY OF	DEATH	
87	We	est Virgini		U:	SA	WIDOW		DIVORCED [	Was	hingt	ton Co	unty	,	M
199	L	ity or town of DEA lagerstown		Wash:	HOSPITAL, NU ICHFACILITY, GIVES Ington	County			(TYPE OF V	ALOCCU VORK FOR M U <b>rs</b> e	PATION OST OF WORKIN		NDUSTRY	of BUSINESS OR sing
1	130. 3	AL RESIDENCE (IF NURS	131. COUNTY Berke	Y	13c. CITY OR Martin	TOWN	13d. INSIDE	CITY LIMITS?			ESS / ZIP CO		99	1999
10		THER'S NAME FIRST Ben jamin		DDLE	rasi Fult			R'S MAIDEN NA FIRST Nellie		MIDD			Shin	
13		VAS DECEASED EVER		ED FORCES? VAR OR DATES)	2 0/20 0	SECURITY NO.	17. INFOR		e		DDRESS Martin	Rt.	3. B	ox 43 V 25401
injury, or other time	HOH	Canditians, if ony, gove rise to imm cause (a), stotin underlying cause  PART 2. OTHER SIGN	tediote g the lost.	(c)_ INDITIONS C	OR AS A CONSI	TO DEATH BU	Hear	t Four	NINAL DISE	2 ASE OR (				
1	RTIFICA	190 DATE OF OPERAT			DITION FOR WI	HICH OPERATIO		1	YES [		IN CEI	RTIFYING	G CAUSES ]	INGS USED S OF DEATH? NO []
9	CAL CE	210, ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEATH	HOUR A	OF INJURY A.M. MONTH P.M.	DAY YEAR	21c HOW	INJURY OCCUR	RED (ENTE	R NATURE OF	INJURY IN ITEM	18 PART 1	OR PART 2)	
rhedor	MEDICAL	21d INJURY OCCURE	ue []	21e. PLACE (AT HOME, S	OF INJURY TREET, FACTORY, OF	FICE, FARM, ETC.)	21f LOCA STR	TION		CITY	OR TOWN		COUNTY	STATE
em 21 is mo		220.1 certify that (1) saw the decease abave, (1) (we) (c	d alive an_				nd that in (m	ny) (our) apinion	deoth occu	urred on t	he date ond		d from the	that (I) (we) last causes stated E SIGNED
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		22d. PHYSICIAN'S NA		W14 6	raf	und	22e ADDR	ATTENDING PHYSICIAN [	DIRECT	AL OR   PH	STAFF IYSICIAN []		1/2	4/87
1 MA O E		ABBUL	WA	HERD	mg		1610	-OAKI				ERS	Town	v. MD
9	23a	BURIAL, CREMATION, (SPECIFY) Cremation		1/25	/87	Smiths		r CREMATORY Cremator	y Sm		burg			
16 80M 7/84 A 15, 4)	1	Brown Funer	al Hon	ne POB	327 W. ADDR 0x 821.	King St Martins	burg.				RAR 256 REC		Den .	



BP.

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	č

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	

CERTIFICATE OF DEATH	8 REG. NO.	<b>5</b> :	6 64				
LAST	20. DATE OF DEATH MONTH	DAY YEAR	2b HOUR				
Zimmerman	Jm 20	1987	5100 AM				
5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS				
May 14, 1919	67 YRS.	MONTHS DAYS	HOURS MIN.				
MARRIED MEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNT Washin		MD.				
GHOME OR OTHER INSTITUTION (DDRESS)  ty Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I  accounting.	LIFE) INDUSTRY	126 KIND OF BUSINESS OR INDUSTRY railroad				
ADMISSION) N 13d INSIDE CITY LIMITS OWN YES □ NO 🔀	13e.STREET ADDRESS / ZIP COE 446 S. Edger	wood Dr.	21740				
15. MOTHER'S MAIDEN	NAME	145	,				

07199

yes	W.W.II	217 10 3424	Marie Zimmerman,	Hagerstown,	Md.
18 CAUSE OF DEATH PART I, DEATH W	H (Enter anly one cause per 'AS CAUSED BY: IMMEDIATE CAUSE (o)	Aferrace	una y le	ng	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, gove rise to imm	which (b)	R AS A CONSEQUENCE OF	Anton		
underlying couse	lost. (c)		NOV SCI. AND TO AUG AND TO AUG		

Emma

17 INFORMANT

Part 2. Other Significant conditions contributing to death but not related to the terminal disease or condition given in part. It is

CATIC	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	20a AUT	OPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?		
AL CERTIF	Herman Parket	0.5		YES 🗌	NO	YES 🗌	NO 🗌	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER N	ATURE OF INJU	RY IN ITEM 18 PART I OR	PART 2)	
Ü	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19						
MEDI	21d INJURY OCCURRED  WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.)	211 LOCATION STREET		CITY OR TO	wn col	UNTY STATE	

220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on Share 26 abave, (1) (we) (did) (did nat) view the bady after death and that in (my) (and) opinian death occurred on the date and have and from the causes stated

226. SIGNATURE DEGREE

22e ADDRESS

Jan. 29, 1987

ATTENDING PHYSICIAN DIRECTOR PHYSICIAN

Liskey

231 NAME OF CEMETERY OR CREMATORY

Rose Hill Cemetery

23d. LOCATION

Hagerstown, Wash., Maryland

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4)

(SPECIFY)

burial

230 BURIAL, CREMATION, REMOVAL

FOR STATE REGISTRAR DECEASED NAME

TTYPE OR PRINT

male

Maryland

14 FATHER'S NAME

Edward

To. BIRTHPLACE (STATE OR FOREIGN

Maryland

D. CITY OR TOWN OF DEATH

Hagerstown

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

3 SEX

Tracy

4 RACE

USA

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE 130. STATE 136 COUNTY 137. CITY OR TOW

Washington

MIDDLE

Bumberger

white

76. CITIZEN OF WHAT COUNTRY?

NAME OF HOSPITAL NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A

Washington Coun

Hagerst

Zimmerman

MINNICH FUNERAL HOME

415 E. Wilson Blvd., Hagerstown, Md. 21740

